

# YOUTH FASTPITCH SOFTBALL – SPRING 2011



FOR OFFICE USE ONLY

Age Bracket: \_\_\_\_\_

Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ TX Zip: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Player's age as of 12/31/2010 \_\_\_\_\_ (MUST BE 6-14 YRS OF AGE) \*\*ALL 3-5 year olds must sign through HCYBA\*\*  
 \*\*\*\*\* A copy of birth certificate is required by first practice. \*\*\*\*\*

Age Division:  8U-CP Softball (6-8)  10 & under  12 & under  14 & under

Years of playing experience: \_\_\_\_\_ CHECK POSITIONS PLAYED:  PITCHER  CATCHER  INFIELD  OUTFIELD  NEVER PLAYED

Is the player trying out for a youth softball traveling team (only available for 10U, 12U, & 14U)? YES or NO

Does the player play any other spring sports? YES or NO If yes please list: \_\_\_\_\_

Youth Shirt Size (Please circle): YS YM YL AS AM AL AXL AXXL

**VOLUNTEERS NEEDED.** Please circle the areas in which you might be interested in participating (training available):

COACH ASSISTANT COACH SCOREKEEPER SPONSOR A CHILD SPONSOR A TEAM

### WAIVER/RELEASE

I, the parent/legal guardian of the above name player, a minor, agree that I will abide by the responsibilities and rules, and assume all risks associated with participation in a Granbury Parks & Recreation Department's (GPRD) sponsored activity, and on behalf of myself, and my heirs, executors and administrators, in consideration of participation in GPRD sponsored activities, I hereby waive all claims against and release and hold harmless GPRD, City of Granbury, activity sponsors, facility sponsors, officials, directors, officers, employees, agents, attorneys, successors, and assigns, from and against any and all claims, damages, liabilities, causes of action, losses, costs and expenses, including reasonable attorney fees arising out of or in connection with participation in GPRD sponsored activities, including any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence or wrongful conduct on the part of GPRD and/or a Sponsor and/or Facility Hosts. I realize that City of Granbury does not carry accident insurance. City of Granbury recommends that each family carry adequate insurance in case of an emergency. I warrant that I am of legal age and that I have read and fully understand the foregoing terms.

### CONSENT FOR MEDICAL TREATMENT

AS THE PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

### MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any medical condition/prohibition the player may have \_\_\_\_\_

Medication taken on a daily basis \_\_\_\_\_

(Extended Feb. 24, 2011)

Please submit registration form along with \$65.00 registration fee by February 18, 2011 to the Granbury Parks & Recreation Department, 401 N. Park St. Granbury TX 76048.  
 After deadline, there will be a \$10.00 late registration fee added to the cost.