



## Girls Softball Registration - \$85.00 per player

- Includes jersey and socks -

**Register January 7<sup>th</sup> – February 20<sup>th</sup>**

Early-bird Registration 1/7-1/14 \$10 off - Late Fee of \$25 after 2/20

Players Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(If the age of the player is ever questioned, the parent must submit a birth certificate to Cabot Parks and Recreation Department.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Conditions/Concerns: \_\_\_\_\_

### Division: (Please Circle)

6U (Coach Pitch)

8U (Machine Pitch, 35ft)

10U (Machine or Player Pitch, 35ft)

12U (Machine, 43ft or Player Pitch, 40ft)

14U (Player Pitch, 43ft)

16U (Player Pitch, 43ft)

Years Played: \_\_\_\_\_

14U and 16U age divisions might be combined due to the # of registered for that single division.

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Coaching Request: \_\_\_\_\_ Teammate(s) Request: \_\_\_\_\_

Jersey Size: (Please circle)      YS      YM      YL      AS      AM      AL      AXL      A2XL

Parent Initials: \_\_\_\_\_

Would you be interested in: (Please Circle)      Coaching      Assistant Coaching      Team Parent

(All HEAD COACHES must to fill out a Coaches Application, Assistant Coaches must fill-out volunteer form)

I hereby grant CPR specific permission to reproduce, publish, circulate, copyright or otherwise use all photographs and/or videotape of me and/or my family, taken during the program, for use by CPR.

An administrative fee of \$25 will be applied to all refunds. No refunds given after uniforms are ordered and insurance has been paid. By signing below, I grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in a CPR activity and that I have read and agree to all rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(The monitor will remove any parent or spectator from the facility who approaches or verbally abuses the referees at any time.)*

Printed Name: \_\_\_\_\_

### Office Use Only:

Fee \$: \_\_\_\_\_ Cash      Credit Card      Check# \_\_\_\_\_      Receipt #: \_\_\_\_\_      Received by: \_\_\_\_\_