

Sutton Youth Softball League

Spring Registration 2019

suttonyouthsoftball.org

PLAYER INFORMATION:

Name: _____ Phone: _____

Address: _____ Birth Date: _____

Town: _____ State: _____ ZIP: _____ Current Grade: _____

Years Played: _____ What town or organization(s): _____

To help us schedule, please provide other activities your child is participating in during the spring:

PARENT INFORMATION:

Father:

Last Name: _____ First Name: _____

Address: _____ Contact Phone: _____

Mother:

Last Name: _____ First Name: _____

Address: _____ Contact Phone: _____

Contact Email address for your child that will be used for important team and league updates: Email: _____

EMERGENCY INFORMATION (other than above) :

Name: _____ Relationship: _____

Emergency Contact Phone: _____

Physician: _____ Phone: _____

Insurance Carrier & Policy Number: _____

Medical Conditions: _____

WAIVERS:

GENERAL - PLEASE INITIAL HERE:

As the parent or legal guardian, I assume all risk and hazards to said participation, including transportation of my child to and from all league activities. I waive, release, absolve, and hold harmless Sutton Youth Softball League, its organizers, sponsors, supervisors, directors, participants and individuals from any claim arising out of injury or damage to persons or property resulting from the transportation and participation of my child in any league activity.

MEDICAL RELEASE - PLEASE INITIAL HERE:

As parent or legal guardian of the minor named on this form, I hereby give my consent to seek, obtain and provide emergency medical/dental treatment in case of injury that occurs while participating in Sutton Youth Softball related activities. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of the minor listed. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment. You must agree to the medical permission waiver in order for your child to participate.

PHOTO RELEASE FORM - PLEASE INITIAL HERE:

During the softball season players participate in many exciting events. In order for photos to be posted on the league website, we must request your permission to use these photos. It is our policy that players' names will not be used. Photos of players will be used only in relationship to Softball related activities (such as photos from games, banquets or parties).

➔ Parent/Guardian Signature: _____ Date: _____

PARENT HELPERS:

The Sutton Youth Softball League depends on volunteers for its success. Please consider giving back.

Head Coach _____ Asst Coach _____ Field Maintenance _____ Sponsor Fundraising _____

Board of Directors: Would you be interested in becoming a member to help with the planning and operations of the league? _____

Mail completed registration and payment to: **Sutton Youth Softball League, P.O. Box 34, Sutton MA 01590**

Please make checks payable to: **Sutton Youth Softball**

Registration fees: Intermediate (Grades 3-5) and Senior (Grades 6+) \$80;
Instructional (Grades K-2) \$50 (family maximum of \$130)