Putnam Co. Girls Fast Pitch Registration Form

Birth Certificate **REQUIRED**

Player's Name ______ Gender ______ Current Age ______ Birthdate ___ - ___ - ___

Mother/Guardian ______ Cell -or- Home Phone ______

Father/Guardian ______ Cell -or- Home Phone ______

Street Address ______ Email ______

City ______ St ______ Zip ______ Emergency Contact Name ______ Phone ______

Shirt Size: YXS YS YM YL AS AM AL AXL

Pant Size: YXS YS YM YL YXL AS AM AL AXL

Which division will the player be participating in? Circle One Below

Child will compete in the age category that he/she will be as of May 1.

Coaches Pitch

8 & Under 10 & Under 12 & Under 14 & Under 16 & Under 18 & Under

What # would the player prefer on his/her shirt? ______ If multiple players on the same team request this #, the coach will *assign* one or both players another #.

If your child played last Spring in the same age division, will he/she remain on same team or return to draft? SAME / DRAFT Circle One

______ would like to volunteer as: Circle all that apply HEAD COACH ASST COACH SPONSOR BOARD MEMBER

Allergies/Med Cond: ______

Please list any conditions that would be helpful if medial attention were needed for your child and you were not present. I hereby grant permission for coach/league official in my absence to consent to all medical and/or surgical treatments and/or special procedures (including but not limited to administration os anesthesia, blood transfusion, diagnostic test, etc.) which may be deemed necessary for the welfare of above named child. Without limiting the foregoing authorization, if circumstanes permit, I/We would like my/our family physician consulted in connection with any medical, surgical or special procedures; understanding I/Our responsibility to pay for any medical services rendered.

X ______ Signature of Parent or Legal Guardian ______ Physician's Name ______ Phone

I hereby grant permission for above player to participate in the Algood Youth Baseball League. I understand my child is expected to attend practice sessions and games. I understand that games are primaririly played on weeknights but some games, practices and tournaments may be scheduled on weekends. I agree to hold harmless any coach, board member, player or umpire due to injury regardless of severity.

X ______ Signature of Parent or Legal Guardian ______ Date

Registration fee = **$55** $35 for each additional player

Make checks payable to Algood Youth Baseball

Registration fees includes: shirt, shorts & socks

NOTE

*Parent/Sibling shirts, hats & visors can be PREORDERED on the back of this form. Please note: by preordering your additional shirts/hats, you will receive these items when your player receives their uniform. You will have another opportunity to order additional items after the player registration period however, items ordered after registration will NOT be ready before the season begins.

*$5 of your registration fee per child is assigned to pay concessions staff for the entire season so that parents will be free to watch all games.

Thanks, AYBL Board

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This area is to be Completed by a League Representative: ______ Check # ______ Ck Amount ______ Cash $ ______ BM Initials PAID circle
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