

Ammonoosuc Valley Softball

Registration cost per player: Paid by _____ Cash _____ Check # _____
6U = \$36.00 / 7- 8, 9 -10, 12U = \$41.00

One dollar will automatically be donated to the Jimmy Fund.

Scholarships available upon demonstrated need, please present letter to the board.

Completed forms and payment due by April 5 2009 for 12U and under.

Please make checks payable to: **AVS**, mail to P.O. Box 613 Littleton N.H. 03561

The league reserves the right to request Birth Certificates for all new Players, for verification of age prior to participation. Be aware of the age requirements for each level of play.

Player Name: _____ Date of birth: ____/____/____

Address: _____ Town: _____

Zip Code: _____ Home phone#: _____ Cell Phone: _____

Parents e-mail: _____

Mother's name: _____ Phone (work): _____ Cell# _____

Father's name: _____ Phone (work): _____ Cell# _____

Emergency Contact: _____ Phone# _____

Doctor: _____ Phone#: _____

Dentist: _____ Phone# _____

Important Medical Conditions: _____

Allergy Information: _____

Additional Information: _____

Parent volunteers AVS's success depends upon your participation. Please plan to help in at least one area below, please circle positions: Concessions Umpiring Coaching/ Assistant Fundraising Equipment Coordinator Picture Coordinator (per team) Field preparation

RELEASE FORM: I/We, the parent/guardians of the above mentioned, hereby give my/our approval to participate in all AVS/Babe Ruth softball activities. I/We assume all risks and hazards incidental to such participants including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless AVS, The Volunteers, Board Members, participants and persons transporting my/our child to or from activities, from any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance. I/We authorize any licensed physician to provide treatment order injections, hospitalize, give anesthesia or perform surgery for: (child) _____

_____ I/We understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

I agree to return, upon the last game of the season, the uniform and or equipment issued to my child in as good a condition as when I received except for normal wear and tear. A \$25.00 fee for non-returned uniforms will be assessed and paid by me to AVS if I do not return this AVS product back to AVS.

Age of child as of
Dec. 31st, 2008

Registration \$ _____
Jimmy Fund \$ _____

Donations \$ _____
Total \$ _____

SIGNATURE: _____ **DATE:** _____

Photo release: Yes, I give permission for photos of my child to be used in any and all media outlets (TV, print, internet, etc.). I understand that by signing below that her picture may be used, but it is not guaranteed.

SIGNATURE: _____ **DATE:** _____

Shirt size: Youth small med large x-large **Adult** small med large x-large

Shoe size: _____ (for socks to be issued)