

# Ammonoosuc Valley Softball

Registration cost per player: Paid by \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
14U, 16U & 18U = \$51.00 per player.

*One dollar will automatically be donated to the Jimmy Fund.*

Completed forms and payment due by May 15, 2009

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.

**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:** \_\_\_\_\_

Age of child as of  
Dec. 31<sup>st</sup>, 2008

Registration \$ \_\_\_\_\_

Jimmy Fund \$ \_\_\_\_\_

Donations \$ \_\_\_\_\_

Total \$ \_\_\_\_\_