



SPRING REGISTRATION

Volunteer coaches are always welcomed!

Complete form on back to register:

- ▶ In Person at Romeoville Recreation Center 900 W. Romeo Rd.,
- ▶ Online at www.romeovillerevolution.com, or
- ▶ Mail to P.O. Box 7801 Romeoville, IL 60446 (Check or Money Order payable to Romeoville Revolution Girls Softball)

Registration Fees

8U Coach Pitch

\$95.00 (\$170 with Fundraiser; \$130 with Buy-out)

8U Kid Pitch, 10U, 12U, 14U, 16U & 18U

\$190.00 (\$265 with Fundraiser; \$225 with Buy-out)

Birth Certificates required at time of registration

Age is determined as of January 1st

Registration fees include a softball clinic for in-house players

****\$10 Discount applies if registration is received by 01/23/09****

Fundraising Requirement Information

Each family is expected to sell a *minimum* of 5 tickets to our bowling event to be held on 3/21/09 at a cost of \$15/ticket (\$75 due at time of registration, money is recouped when you sell the bowling tickets).

OR

A buy-out option of \$35 per family is available if you choose NOT to participate in the bowling event. This is also due at the time of registration.

For more information
visit our website: www.romeovillerevolution.com
or email: revsoftball@yahoo.com



REGISTRATION AND WAIVER FORM

www.romeovillerevolution.com

Complete all information and return, with payment, on designated registration dates or mail before March 1st.

Head of Household Information:

Head of Household Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

E-mail address: _____

Child's Name: _____ Birthdate(mm/dd/yy): ____ / ____ / ____

Level: o 8U Coach Pitch o 8U-A Kid Pitch o 10U o 12U
o 14U o 16U o 18U

Uniform Shirt Size: o Youth Small o Youth Medium o Youth Large Number Request:
o Adult Small o Adult Medium o Adult Large 1 _____

Uniform Pants Size: o Youth Small o Youth Medium o Youth Large 2 _____
o Adult Small o Adult Medium o Adult Large 3 _____

Family Physician: _____ Physician Phone: (____) _____

Allergies: _____ Blood Type (if known): _____

Other important medical information: _____

In case of emergency, I hereby authorize my child, _____, to be treated by the paramedics, emergency room physician or any other physician who is available.

1st Emergency Contact: _____ Phone: (____) _____

2nd Emergency Contact: _____ Phone: (____) _____

I, the parent of _____, allow my child to participate in the Romeoville Revolution Girls Fastpitch softball program. I understand that practices are at the coach's discretion. I will do my best to have to have my child attend every practice and game.

WAIVER OF PARTICIPATION: In consideration of this registration, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I or my child have against Romeoville Revolution Girls Fastpitch Softball and it's representatives. I hereby release the Romeoville Revolution Girls Fastpitch Softball program of any financial responsibility due to injury or accident received while participating in the Romeoville Revolution Girls Fastpitch Softball program. I assume full responsibility for my child's actions and conduct and release the Romeoville Revolution Girls Fastpitch Softball program, staff, sponsors, and volunteers of all legal responsibility such as insurance coverage, injury claims, and any other legal action that may result from my child's participation in the Romeoville Revolution Girls Fastpitch Softball program.

PHOTO OR FILMING POLICY: The undersigned do hereby grant permission to the Romeoville Revolution Girls Fastpitch Softball program to take photographs or film of my child/self and consent and authorize the Romeoville Revolution Girls Fastpitch Softball program to use and reproduce the photographs and/or filming to promote its program.

PARENT/GUARDIAN SIGNATURE: _____ Date: ____ / ____ / ____

We will need volunteer coaches. Would you like to be:

o Head Coach Name: _____ E-Mail: _____
o Assistant Coach
o Not interested Home Phone: _____ Cell Phone: _____