



## Fall 2009 Registration

*(Volunteer coaches are always needed & welcomed!)*

Register for the fall season on weeknights 6:00-8:00pm & on weekends from 9am-1pm

**July: 14, 16, 21, 23, 25/26, 29 ◆ August: 1/2**

Register in person at the Romeoville Recreation Center  
900 W. Romeo Road Romeoville, IL 60446

Complete the form on back, determine fees and make check or money order payable to:

### Romeoville Revolution Girls Softball

**\*\*Payment can be made in the form of cash, check or money order; we CANNOT accept credit card payments at this time. Sorry for any inconvenience this may cause.**

#### REGISTRATION FEES:

8U "A" (kid pitch).....	\$105
10U.....	\$105
12U.....	\$105
14U.....	\$105
16U.....	\$105
18U.....	\$105

Age is determined as of January 1<sup>st</sup>

**\*\*Birth Certificates are required at the time of registration for all levels\*\***

**☺FUNDRAISING WILL BE REQUIRED AT ALL LEVELS☺**

Register early to ensure a spot for your child!

#### FALL SEASON

September 12<sup>th</sup> —October 18<sup>th</sup>

For more information access our website: [www.romeovillerevolution.com](http://www.romeovillerevolution.com) or

e-mail: [revsoftball@yahoo.com](mailto:revsoftball@yahoo.com)



# REGISTRATION AND WAIVER FORM

[www.romeovillerevolution.com](http://www.romeovillerevolution.com)

Information must be completely filled out and returned with payment on designated registration dates, **no later than August 2, 2009.**

**Head of Household Information:**

Head of Household Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate(mm/dd/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**League:**  8UA (kid pitch)     10U     12U     14U     16U     18U

**Uniform Shirt Size:**  Youth Small     Youth Medium     Youth Large  
 Adult Small     Adult Medium     Adult Large

**Uniform Pants Size:**  Youth Small     Youth Medium     Youth Large  
 Adult Small     Adult Medium     Adult Large

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.

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2<sup>nd</sup> 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 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:

Head Coach    Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Assistant Coach  
 Not interested    Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_