

SWATARA-PAXTANG SOFTBALL ASSOCIATION

2012 SPRING REGISTRATION FORM

- January 7, 2012 9:00 AM to 12:00 Noon
- January 14, 2012 9:00 AM to 12:00 Noon
- January 16, 2012, 6:00 PM to 7:00 PM
- January 21, 2012 9:00 AM to 12:00 Noon

Registration held at the Swatara Township Building

Please print and fill out BOTH pages

www.leaguelineup.com/swatara-paxtangsoftball

PLAYER INFORMATION			
All new players are required to provide a copy of birth certificate.			
Name		DOB	
Shirt Size:	YS YM YL YXL	<input type="checkbox"/> T-Softball <input type="checkbox"/> Slowpitch <input type="checkbox"/> Fastpitch	
	AS AM AL AXL A2XL		
PARENT/GUARDIAN INFORMATION			
Name (Parent/Guardian 1)			
Name (Parent/Guardian 2)			
Address			
City		State	Zip
Home Phone	Cell Phone	Email	
REGISTRATION FEE: Please make all checks payable to: SPSA			
<ul style="list-style-type: none"> • \$65 registration (received by January 24, 2011) - Plus \$35 each additional player. • T-softball - \$45 first child - \$25 second child. • Please see refund policy on second page of this registration form. • All fundraising proceeds are non-refundable. • There will be a late fee for returning players registering after January 21, 2012 			
FUNDRAISING & VOLUNTEERING			
<input type="checkbox"/> I will participate in fundraising		<input type="checkbox"/> I choose the buy-out option instead of fundraising. Add \$20 to registration fee.	
Please indicate below whether you will volunteer for SPSA. Non-Volunteers must pay an additional \$25.			
<input type="checkbox"/> I will volunteer where needed for SPSA <input type="checkbox"/> I cannot assist as a volunteer. <u>I am adding \$25 to my registration fee.</u>			
We need volunteers. Please consider helping out in any way you can, such as concession stands, field maintenance, League representatives, sponsorships, opening day, etc.			
Total Amount Paid \$	Cash \$	Check \$	Check #

SPSA Use Only:

Date Received:

- Birth Certificate
- ASA Registration

League Age:

- Website email list
- Player Database

- Volunteer box checked
- Registration Complete

SPSA REFUND POLICY

SPSA will refund a player's registration fee under the following circumstances:

1. After payment but before the player's team's first practice, the entire fee minus any SPSA expenditures (insurance, uniform, etc.) will be refunded upon request.
2. On or after the team's first scheduled practice, one-half of the fee if the player cannot play due to injury, illness or leaving the area.
3. No refund after the team's first scheduled game.

EMERGENCY CONTACT INFORMATION

List any medical conditions SPSA should be aware of:

Medications or inhalers to be used at practices or games:

Emergency Contact Name

Relationship

Address

Phone

Cell Phone

WAIVER: Both Parents/Guardians will need to sign waiver

I/We, the parents/guardians of _____, hereby give my/our permission for my/our daughter to participate in any and all SPSA activities. I/We know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Swatara-Paxtang Softball Association, Inc., Metro East Softball League, Suburban Girls Softball League, East Shore Fast Pitch League, ASA, the organizers, sponsors, supervisors, coaches, umpires, field owners and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or any other cause.

OPTIONAL AUTHORIZATION FOR PLAYER'S HEAD COACH TO AUTHORIZE MEDICAL TREATMENT

I/we have read the attached letter and I/we hereby appoint my/our daughter's head coach to authorize medical treatment for any illness or injury sustained by my daughter while participating in a Swatara-Paxtang Softball Association, Inc. activity in the event of my/our absence and the absence of the emergency contact listed above. This release form expires at the conclusion of the season.

I/we have read the attached letter and I/we **DO NOT** appoint anyone to authorize medical treatment on behalf of my/our daughter.

Players will not be assigned to a roster until all information is complete, Birth Certificate is submitted, and all fundraising obligations are met.

Name of Parent/Guardian (Print):

Parent/Guardian Signature :

Date

Name of Parent/Guardian (Print)

Parent/Guardian Signature:

Date

MAIL REGISTRATION FORMS TO:

SPSA c/o Mike Bowmaster
3629 Montour Street
Harrisburg, PA 17111

FOR MORE INFORMATION OR QUESTIONS: Contact Chuck Petrie, Chairman at 443-4843