

DELPHOS LITTLE LEAGUE ASSOCIATION
GIRLS SOFTBALL
Present Grades 5-6-7

REGISTRATION FORM

I, the parent or guardian of the below named players, hereby give my approval to her participation in any and all of the activities of the league during the current season. I assume all risk and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further release, absolve and hold harmless the DELPHOS LITTLE LEAGUE ASSOCIATION, the organizers, sponsors and the supervisors.

(Signature of Parent or Legal Guardian) (Date)

Player's Name _____

Address _____

City, State _____

Phone Number _____

Date of Birth _____

Current Grade in School _____

Is either of your parents interested in coaching? Yes _____ No _____

IN CASE OF EMERGENCY

Person to be contacted: _____ Phone: _____

Family Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Family Dentist: _____ Phone: _____

Do you have a sister playing in the same age group? Yes _____ No _____

Do you want to play on the same team? Yes _____ No _____

Sister's name: _____

Shirt Size: Circle one
Youth: Med (10-12) Lg (14-16)
Adult: SM MED LG

Registration Fee \$30.00
Maximum per family: \$50.00
Make check payable to:
<u>DELPHOS LITTLE LEAGUE ASSOCIATION</u>

Mail completed form and money to:
Girl's Softball Association 1101 N. Jefferson St. Delphos, Oh 45833
FORM MUST BE RECEIVED BY : April 8, 2011