


2010 Softball Registration Form

***Before February 28, 2010

Please Print Clearly:

Name:		Date of Birth:	
Age on 12/31/09:		(Child must be between 5-17 years)	
Address:			
City:	Zip Code:	Phone Number:	
Played on a Seville team before?		Name of Last Coach or team:	

 If your child has a physical ailment or injury, please notify the coach of this when he/she is assigned a team. There will be a medical release form to complete. It is the parent's or guardian's responsibility to inform the coach.

I/We the parent/guardian of the above registered youth hereby give approval for his/her participation in any and all league activities during this season. I/We assume all risks, hazards, liabilities incidental to participation including transportation to and from scheduled activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Seville-Guilford Baseball/Softball Association and its organizers, sponsors, supervisor, participants and persons providing transportation for my/our child to and from league activities, for any claim arising from injury or illness to my/our child except to the extent and in the amount covered by insurance.

I/We also grant permission to managing and coaching personnel or other league representatives to authorize and obtain medical care from a licensed physician, hospital or medical clinic should any injury or illness occur while above youth is participating in league activities away from home, or other times when neither parent or guardian is available to grant authorization for emergency treatment.

Parent/Guardian Signature: _____ Date: _____

Please print parents/guardians' names: _____

E mail address: _____

Registration Fees	Total
Registration Fee ---\$50.00/child with max of \$100.00/family	\$
Total amount enclosed (make checks payable to SGBSA)	\$

VOLUNTEERS NEEDED!!!! (please circle all areas you can help -complete name & phone #)		
Head Coach	Sponsor a team	Umpiring
Field Day	Concession Stand	Assistant Coach/Base Coach

Volunteer's Name: _____ Phone Number: _____

DATES: Registrations will be accepted by mail until **February 28th**. Late registrations will be placed on a waiting list and added to team rosters only if space becomes available. Open registration will be on **February 20th and 21st** from 12:00 (noon) to 4:00 pm at the **New Seville Town Hall on 120 Royal Crest Dr.**

SHIRT Sizes circle your choice (please order next size larger to ensure comfortable fit)			
Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)	Adult Small
Adult Medium	Adult Large	Adult X-Large	Adult 2X