

MECHANICVILLE/STILLWATER LASSIE LEAGUE
2010 REGISTRATION
JUNIOR LEVEL

PREVIOUS YEARS TEAM: _____ MOVING UP: Y N NEW PLAYER
Are you interested in travel ball? YES NO
PLAYERS NAME: _____ DOB: _____ GRADE _____

ADDRESS: _____
STREET CITY ZIP
PHONE NUMBERS: _____

PARENTS NAME: _____
MOTHER FATHER
EMAIL ADDRESS: _____

ARE YOU INTERESTED IN:
COACHING: Y N NAME: _____
ASSISTING: Y N NAME: _____

PLEASE LIST ANY MEDICAL CONDITION YOU FEEL THE LEAGUE SHOULD BE AWARE OF:

EMERGENCY CONTACT: NAME _____ PHONE _____

SHIRT SIZE (CIRCLE)

CHILDRENS SIZE: MEDIUM (10-12) LARGE (14-16)
ADULT SIZE: SMALL MED LARGE X-LARGE XXLRG

SHORT SIZE:

CHILDRENS SIZE: SMALL MED LARGE
ADULT SIZE: SMALL MED LARGE X-LARGE XXLRG

I do hereby give my daughter, _____, permission to participate in the Mechanicville/Stillwater Lassie League Softball program during this years' season. I will assume all risks and hazards that are associated with the activities. I further agree to release, absolve, indemnify and hold harmless, the Mechanicville/Stillwater Lassie League, their sponsors, organizers, supervisors, board members, and officers of all legal responsibilities. I give permission to this league, its officers or representatives to provide medical treatment in case of emergency or illness. I also understand that the registration fee is non-refundable.
Signature (Parent/Guardian) _____ Date _____

League Use Only

Fundraiser: Y N
Packet #: _____

Registration Total _____ Paid By: Check # _____ Cash