MECHANICVILLE/STILLWATER LASSIE LEAGUE
2010 REGISTRATION

PEE WEE LEVEL

PREVIOUS YEARS TEAM: _____ or NEW PLAYER

PLAYERS NAME: _____ DOB: _____GRADE_____

ADDRESS: _____
STREET CITY ZIP

PHONE NUMBERS:_____

PARENTS NAME: _____
MOTHER FATHER

EMAIL ADRESS:_____

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