GREENVILLE/HUNT COUNTY YMCA REGISTRATION

GIRLS SOFTBALL - 2010

WWW.GREENVILLE-YMCA.ORG

Age Division_____

☐ **Member**
☐ **Non-Member**

____New Player - Did not play last season

____Returning Player - Return to same team

____Returning Player - Place in draft

No Special Requests Allowed
Copy Of Birth Certificate Required For All New Players

Player Information

Last Name _____ First Name _____ D. O B. ___ / ___ / ___
m d y

Address _____ City _____ Zip _____

Contact Phone _____ Contact E-mail ***(required)*** _____

Grade_____ School _____

Jersey Size ( )YS(6-8) ( )YM(10-12) ( )YL(14-16) ( )AS(34-36) ( )AM(38-40) ( )AL(42-44) ( )AXL(46-48)

- Shorts are not included with uniforms
- Select Team Fees: (Maximum of 12 players on a team) - $750, Single payment for the Full Amount. Select teams are responsible for purchase of team uniforms.

ASA Age groups (Year of Birth)

8-Under (2001-2002
10-Under (1999-2000)
12-Under (1997-1998)
14-Under (1995-1996)
16-Under (1993-1994)

Parent / Guardian Information

Mother's Name _____ Work Phone_____ Cell Phone _____

Father's Name _____Work Phone_____ Cell Phone _____

Emergency Contact _____ Phone_____ Relation_____

Parents Code of Conduct

- I will cheer for my child and not yell at him or her.
- I will not argue calls with the officials, neither during nor after the game.
- I will respect the decision of the coaches, officials and program administrators in all matters.
- I will not engage in any negative behavior toward the other team, their players, coaches or parents.
- I will stress to my child, and demonstrate by my behavior, the importance of sportsmanship in all areas of play.

Injury Waiver/Medical Consent

In consideration of my child being accepted in the Greenville/Hunt County YMCA program, I do hereby waive and release the Greenville/Hunt County YMCA Staff, Board of Directors, Officials and Team Coaches of all rights and claims for damages sustained and suffered by my child in connection with his/her association and participation in the Greenville/Hunt County YMCA programs. In the event I cannot be reached in an emergency, I do hereby give permission to the YMCA Staff and Coaches to secure proper treatment for my child as named above.

Parent's Signature _____ Date _____

Volunteer Ability

Head Coach Name _____ Coach Shirt Size _____ **(Cost: $20))**
Assistant Coach Name _____ Shirt Size _____ **(Cost: $20)**
Team Sponsor (Cost: $175 per team) - Sponsor Name: _____
Sponsor another player for $10 $15 $20 Other $_____

YMCA Staff only

Receipt # _____
Amt: _____
Staff: _____