

Cumberland Valley Softball 2012 Registration Form

First Name: _____	Birth date: _____	League Use Only Player Id Number: _____
Last Name: _____	League Age: _____	
Lives With: Mother ___ Father ___ Both ___		
Township: _____	Last Year: Division: _____	
	Team: _____	
School: _____	This Year: Slow Pitch ___ Fast Pitch ___ (Check one)	
Shirt Size: _____	Division: _____	
Place on team with sister: _____ Sisters Full Name: _____		
A \$5 PER child discount will be given to families with multiple children playing in CV Softball		

<u>Father / Guardian</u>	<u>Mother / Guardian</u>
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____	E-Mail: _____
E-Mail: _____	E-Mail: _____
Volunteer: Check All That Apply	Volunteer: Check All That Apply
Head Coach ___ Asst Coach ___ Team Parent ___	Head Coach ___ Asst Coach ___ Team Parent ___
Fund Raising ___ Executive Board ___	Fund Raising ___ Executive Board ___

For Sponsors only; Please indicate if you wish to sponsor your daughter's team: Yes ___ No ___

Sponsor's Name: _____

I/We the parents or guardian of the above named girl who is a candidate for a position on a girl's softball team hereby gives my/our consent and approval to her participation in any and all of the activities of the league during the season. I/We do further hereby release, absolve, indemnify and hold harmless the organizers and sponsors and hereby waive all claims against the organizers and sponsors or any of the supervisors appointed by them. I/We likewise waive to the extent not covered by insurance any claim against any person transporting my/our daughter to or from CV Softball activities. I/We will furnish a copy of a certified birth certificate for first year players along with this form for the above named candidate. I/We certify that our daughter is in good health and is physically able to participate on a softball team in the CV Softball. I/We will allow softball photos of our daughter to be displayed on the CV Softball website www.cvsoftball.com.

I/We do give consent for treatment in any case of my unavailability should any medical need arise for my child during the season.

OPTIONAL - If unable to reach us, notify: _____ Phone: _____

Please list any allergies, especially to food, fluids or medicines: _____

Other pertinent information: _____

I/We have read the **CV Softball Code of conduct**, found on the back of this form, and agree to abide by it.

Signature of Parent/Guardian: _____

League Use: Amount Received:	Slow Pitch: \$80 _____	Fast Pitch: \$95 _____
Total Received: \$ _____	Paid by: Cash ___ Check # _____ Bank: _____	
Birth Certificate Verified for new players:	Yes ___ No ___	