



Softball

Name: _____ Age: _____

Town: _____ Grade: _____

Phone: _____ D.O.B: _____

Email: _____

Parents Name(s): _____ (please print)

Team Played for last year:	<u>2nd & 3rd</u>	<u>4th & 5th</u>	<u>6th, 7th, & 8th</u>
	Guides	Braves	Red Sox
	Panthers	Blue Jays	
	A's	Wolves	
	Royals		

Parent/Guardian Consent

I, the parent/guardian of the above named child, do hereby grant my daughter permission to play the sport of AYS Softball for the current season. I will not hold Area Youth Sports or any of its officers, directors, coaches, volunteers, or sponsors of teams or any patron of this league responsible for any injury received by my daughter in said program.

Parent/Guardian: _____
(print clearly)

Signed: _____ Date ____/____/____

Shirt size: YS YM YL AS AM AL AXL AXXL
(circle one)

Players fee: \$30/child Paid: YES NO Check #_____ Cash