



## Softball

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Town: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Email: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_ (please print)

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### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Please mail completed form and check made out to AYS to:  
Tom Fortier  
67 Walker Hill Rd  
Jay, ME 04239**

**Please mail no later than April 2<sup>nd</sup>, 2011**

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

Players fee: \$30/child

Paid: YES    NO	Check # _____ Cash
Office use only	