

**West Boylston Girls Softball  
2014 Registration/Information Form  
Registrations are due by February 21, 2014**

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Positions played: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Medical Problems? \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size (circle one): YOUTH: SMALL MEDIUM LARGE ADULT: SMALL MEDIUM LARGE

Parent Volunteer: \_\_\_\_\_ Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Serve on the Board  
\_\_\_\_\_ Snack Shack \_\_\_\_\_ Fundraising \_\_\_\_\_ Equipment Coordination

Comments: \_\_\_\_\_

**Hold Harmless Agreement:** I, the parent/guardian of the registrant, a minor, agree that I, the registrant, will abide by the rules of any tournament and/or competition that the West Boylston softball teams shall participate in, as established by any affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and in consideration for the West Boylston softball teams and any of its coaches, managers, and sponsors accepting the registrant for its softball program and activities, I hereby release, discharge, hold harmless, and otherwise indemnify West Boylston softball, its coaches, managers, and affiliated sponsors, their employees, and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

**Consent for Medical Treatment (Minor)** As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cost: \$60.00 per player for Instructional (Kindi, 1<sup>st</sup> and 2<sup>nd</sup> grade)  
\$75.00 per player for Minor League (3<sup>rd</sup> and 4<sup>th</sup> grade)  
\$85.00 per player for Junior League (5<sup>th</sup> and 6<sup>th</sup> grade)  
\$150.00 Family Maximum

Please make checks payable to: **West Boylston Softball**

Mail to: Sarah Latorre  
8 Shady Lane  
West Boylston, MA 01583

For additional information or questions please contact Sarah Latorre @ 508-769-8977 or latorre1129@charter.net