

**West Boylston Girls Softball**  
**2012 Registration/Information Form**  
**Registrations are due by February 20<sup>th</sup>**

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 \_\_\_\_\_ Snack Shack

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: \$50.00 per player for Instructional (Kindi, 1<sup>st</sup> and 2<sup>nd</sup> grade)

\$65.00 per player for Minor League (3<sup>rd</sup> and 4<sup>th</sup> grade)

\$75.00 per player for Junior League (5<sup>th</sup> and 6<sup>th</sup> grade)

\$130.00 Family Maximum

7<sup>th</sup> grade and up are eligible to play in the Leominster League. Please contact Julie Taylor @ 508-320-4251 or Amy Barakian @ 508-835-4219.

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

Email : julie\_taylor3@verizon.net or Sarah Latorre @ latorre1129@charter.net

Mail to: c/o Julie Taylor

14 Heritage Lane

West Boylston, MA 01583