

**West Boylston Girls Softball
2015 Registration/Information Form
Registrations are due by February 23, 2015**

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
_____ 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, 1st and 2nd grade)
\$75.00 per player for Minor League (3rd and 4th grade)
\$85.00 per player for Junior League (5th and 6th 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