

2017 FALL BALL REGISTRATION FORM



THIS TOP SECTION IS TO BE COMPLETED BY ORO VALLEY FASTPITCH SOFTBALL - - PLEASE DO NOT WRITE IN THE GRAY BOXES		Birth Date Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Division: _____	AMOUNT PAID: \$ _____ Cash: ____ Check #: _____
Reg. Number	Date			<input type="checkbox"/> Entered in database <input type="checkbox"/>

**THE SECTIONS BELOW ARE TO BE COMPLETED BY THE PLAYER'S FAMILY.
PLEASE PRINT LEGIBLY IN INK. THIS FORM MUST BE SIGNED.
THE COMPLETED FUNDRAISING / VOLUNTEER AND CHECKLIST FORMS ARE ALSO REQUIRED.**

Player's First Name	Player's Last Name	Is either parent planning to help coach/manager the team? Y N Name		
Telephone Number	Street Address	City	State AZ	Zip Code
Birth Date Month / Date / Year	School Name	If a sister is playing, write sister's name below. If playing in the same division, sisters are considered each other's buddies.		

**Our primary means of communication is via email.
Please write your email address clearly and completely.**

Father / Guardian Information

First Name	Last Name	Home Phone	Work/Cell Phone	Email Address
------------	-----------	------------	-----------------	---------------

Mother / Guardian Information

First Name	Last Name	Home Phone	Work/Cell Phone	Email Address
------------	-----------	------------	-----------------	---------------

Emergency Contact	Emergency Telephone	Physician Name and Telephone	Insurance Carrier
Does this child have any handicaps, disabilities, present injuries or limitations (physical or otherwise), or any other medical condition that the league should be aware of? <input type="checkbox"/> YES If YES, please explain: <input type="checkbox"/> NO			

IMPORTANT – READ BEFORE SIGNING: RELEASE AND CONSENT TO TREATMENT

I give my consent for the above-named child to participate in the authorized activities of the Oro Valley Fastpitch Softball league during the 2017 Fall season. I will assume all risk and hazards that are incidental to the conduct of such activities. I agree to release, absolve, indemnify, and hold harmless the league, its officers, managers, coaches, and authorized representatives. Additionally, I understand Oro Valley Fastpitch Softball has made every reasonable attempt to investigate the backgrounds of the volunteers through a background check and shall hold harmless the League and its officers in the event of any transgression by a volunteer. I also grant permission to the registered managing personnel or league representative to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the above named child become ill or injured while participating in league activities when neither parents nor emergency contacts are available to grant authorization for emergency treatment. I understand that insurance provided by Oro Valley Fastpitch Softball provides secondary medical insurance coverage and becomes available after the child's / family's personal or group insurance has been utilized.

Parent/Guardian Signature: _____

Date: _____

Must be signed

REFUND POLICY: 100% of registration fee will be refunded if we are unable to place your daughter on a team.
75% of your registration fee will be refunded if you withdraw prior to the 1st league game.

Initials: _____

NO refunds will be given once the season begins.

Player experience: # Seasons _____ Pitcher _____ Yes _____ No **2016 All Star** _____ Yes _____ No

Uniform Information: Jersey Size (circle one): YS YM YL YXL AS AM AL AXL A2XL A3XL