

2019 OVFPS SPRING REGISTRATION FORM



THIS TOP SECTION IS TO BE COMPLETED BY ORO VALLEY FAST PITCH 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 _____
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Mother / Guardian Information

First Name _____	Last Name _____	Home Phone _____	Work/Cell Phone _____	Email Address _____
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Emergency Contact _____	Emergency Telephone _____	Physician Name and Telephone _____	Insurance Carrier _____
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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?

YES If YES, please explain: _____
 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 Fast Pitch Softball league during the 2016 Spring 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 Fast Pitch 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 Fast Pitch 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 **2018 All Star** _____ Yes _____ No

If you have a particular request you may list it below. PLEASE BE AWARE THAT REQUESTS MAY NOT BE GRANTED IN AN EFFORT TO CREATE EVENLY DISTRIBUTED TEAMS.

Buddy Request: _____ **Coach Request:** _____