

Van Meter Softball and T-Ball Registration (Please complete one form for <u>each</u> player registering; <u>There are two sides to this form!</u>

League Use Only Received registration: Y N Received waiver: Y N ΥN Received check: Other players in same family:

1. Player Information		
Player Name: Home Address: Home Phone: Parent Name: Mother: Other contact Numbers: Mother cell: League Age: (age of player as of 12/3 Participant's age as of 12/31/13: T-ball (age 5-6) Rookie (age 7-8) Minors (age 9-10) Majors (age 11-12)	City: E-mail: Father: Father cell:	Games will begin mid-April and end in mid-June. Game days: 6 p.m. (tentative) Rookies and Majors - Tues. & Fri. T-ball and Minors -Mon. & Thurs.
2. Registration Fees (one t-shirt a	and one visor cost are included	d in registration fees this year)
A. League Play: Bach T-ball child (ages 5 or 6) -\$50 All others (7 years and older) - \$65 (If you have more than one child 7 years and older playing softball, each additional child pays \$55.) Do you have shoes, helmets, bats, gloves, etc. that your child has outgrown, but, are still "like new"? Or, are you looking for equipment? This year we will be doing an equipment exchange! Please bring your gear to the start of the clinics at 9 a.m.	on Sunday, April 6, 2014 (o **Coaches (please plan to 9 - 11 a.m. – 5–8 yea 11:30 -1:30 9-12 yr 1:30-3 p.m. Pitching/0	o attend the clinic with your girls.)** or-olds (T-Ball/Rookie Clinic \$10) -olds (Minors/Majors Clinic \$10) Catching clinic (\$10) e "Payment" section below if your
3. Uniform Information – shirt and visor	registration fees. Parents wis for their child or one for them	or per player is included in the hing to purchase an additional shirt iselves, please check all that apply lf more than one is desired in the next to checkbox.)
Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)	Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult X-Large (46-48)	
4. Payment (per child): Registration fee total: General Clinic fee total from above: Pitching/Catching Clinic fee from above Uniforms (one t-shirt & visor included in registration fee. Include add'l shir costs here at \$10/additional shirt): League Donation (see below): TOTAL PAYMENT: \$	\$ t \$ (Payment is o	due on or before \$20 if after the deadline.)

The j	5. Parent Participation: youth softball program is a volunteer-based program. Our se indicate in what ways you can help. <u>Parents will be exp</u> e games (when child is NOT playing). At least one evenir	ected to assist	with concession stands at
	I will coach. (The VM Softball League board will appoint the coaches and notify those selected. As part of the selection process, all coaches will sign a waiver to have a backgroun check run by the South Dallas Little League. Plan to attend coach mtg on April 1 at 6 p.m Raccoon Valley Bank/Adel)	d	I will assistant coach
	I will umpire home games (or have a friend or family member over 16 who will umpire (Name:). Umpires receive \$30 in compensation for Minor/Major home games. Potential umpires are asked to attend a meeting to review rules on April 1 st at 6:45 at Raccoon Valley Bank/Ad	e	I will work concession I will help team as needed
	I would like to include a free will donation to the league for ope	erational expense	<u> </u>
	you! Please contact me for sponsorship opportunities for the team(s	s) and/or the Yo	uth Complex. Thank you!
Mete	urn completed application form(s) and check for fe er Girls Youth Softball League), PO Box 223, Van Met ail VMYouthSoftball@gmail.com with questions.		12 2
	South Dallas Little Leag	ue Waiver	
	Player Name	Date of E	Birth
	Street Address City/State /Zip	Phon	e
approv nazard release superv njury t	the parents of the above-named candidate for a position on the Stral for her to participate in any and all softball activities during the distriction including transportation to and e, absolve, indemnify and agree to hold harmless the local South visors, participants and persons transporting my/our daughter to my/our daughter, except to the extent covered by accident or leate of the above-named candidate upon request by league officing	e current season from the activition on Dallas Little Le or from activities liability insurance	n. I/We assume all risks and es. I/We do hereby waive, ague, the organizers, sponsors, s, for any claims arising out of an
	Father's Signature:	Da	ite:
	Work Phone:		
	Mother's Signature	Da	ite:
	Work Phone:		
	Hospital Preference:		
	Player's Physician and Phone Number:		
	Note: League insurance does not replace your regular insul supplement.	rance but is use	d only as a