DEADLINE 2/1/08

Twinsburg Youth Softball League
2008 Registration

	Slow Pitch Programs (local)	Fee
	Instructional (girls K-1st grade, coach pitch)	$50
	Division 1 (girls 1st-3rd grades; coach pitch)	$50
	Division 2 (girls 3rd-5th grade, kid pitch)	$50

	Fast Pitch (Local Travel) - Age as of 1/1/08	Fee
	Girls 10 & Under (Competitive)	$80
	Girls 12 & Under (Competitive or Recreational)	$80
	Girls 14 & Under (Competitive or Recreational)	$80
	Girls High School (Rec Slow Pitch, grade 9-12)	$80

* Additional Children: $10 discount

* Late Fee: $10 (after 2/1/08) *No refunds after 3/15/08

Teammate or Coach Preferences (not guaranteed) _____

Player Name _____ **Birthday** _____ **Grade** _____

Address _____ **City** _____ **e-mail** _____

Mother _____ **Phone** _____ **Cell** _____

Father _____ **Phone** _____ **Cell** _____

Alternate Emergency Contact (name and phone #) _____

Jersey Size YS (6-8) YM(10-12) YL(14-16) AS AM AL AXL **Short Size (travel only)** YM YL AS AM AL AXL

Volunteers

Sponsors		Head Coach		with	(coach)
Concession Stand		Assistant Coach		with	(coach)
Concession Stand Manager		Other			

Drop off Registration Forms and Payment at The Fitness Center or
Mail checks made payable to:

Twinsburg Youth Softball League
8870 Darrow Road Suite F106 #206
Twinsburg, Ohio 44087

Emergency Medical Authorization Part 1 or 2 MUST BE COMPLETED AT TIME OF REGISTRATION

Part 1 **TO GRANT CONSENT FOR TREATMENT**

In the event reasonable attempts to contact the parent or guardian of _____ (player) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ at _____ (phone) or Dentist _____ at _____ (phone) or any other licensed physician or dentist if preferred practitioner is not available, and the transfer of the child to _____ (preferred hospital) or any other hospital reasonably accessible.

* This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentist concur the necessity for surgery before the performance of surgery.

Please list facts concerning the child's medical history including allergies, medication, and any physical impairment which would need to be brought to the attention of an attending physician, league official or coach. _____

Signature of Parent or Guardian _____ Date _____

Part 2 **REFUSAL TO CONSENT FOR TREATMENT**

I DO NOT give my consent for emergency action to be taken should illness or injury requiring emergency treatment occur. I wish the team and/or league authorities take no action or to _____

Signature of Parent or Guardian _____ Date _____

QUESTIONS: John Cox 425-9127, John Toth 425-2648, Marc Cohen 963-2796

FOR MORE INFORMATION VISIT WWW.TWINSBURGSOFTBALL.COM

LEAGUE USE ONLY:

Amount Paid_____. Check #_____. Registration Date_____.