



Twinsburg Youth Softball League

2012 Registration

www.twinsburgsoftball.com



FAST PITCH REGISTRATION FORM

Player _____

Birthdate _____ Age (as of 1/1/2012) _____

Address _____

City _____

Mother/Guardian _____

Phone _____ Cell _____

Email _____

Father/Guardian _____

Phone _____ Cell _____

Email _____

Alternate Emergency Contact (Name and Phone No.) _____

Fast Pitch (local travel) - Age as of 1/1/2012		Fee
10U—Girls age 10 and under		\$95
12U—Girls age 12 and under		\$95
14U—Girls age 14 and under		\$95

** Additional Children: \$10 discount for each additional child **

** Late Fee: \$10 after 2/1/2012 **

** No refunds after 3/15/2012 **

Uniforms: Your coach will provide you with uniform information and sizing at a later date.

If you, your company/organization or someone you know would be interested in sponsoring a TYSL team, please provide contact information below:

Mail completed Registration Form and payment (payable to Twinsburg Youth Softball League) to:



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



Or drop off completed Registration Form and payment at the Twinsburg Fitness Center

To avoid a late fee, the completed Registration Form and Payment must be received by 2/1/2012.

EMERGENCY MEDICAL AUTHORIZATION (Part 1 OR 2 must be completed at time of registration)

PART 1— AUTHORIZATION TO GRANT CONSENT FOR MEDICAL TREATMENT

In the event reasonable attempts to contact a parent or legal guardian of _____ (PLAYER) have been unsuccessful, I hereby give my consent/authorization for the administration of any treatment necessary by:

Dr. _____ at _____ (Phone) or

Dentist _____ at _____ (Phone) or

any licensed physician or dentist if preferred practitioner is not available, and the transfer the child to

_____ (preferred hospital) or any other hospital reasonable accessible.

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

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

Signature of Parent or Legal Guardian _____ **Date** _____

PART 2 — REFUSAL TO GRANT CONSENT FOR MEDICAL TREATMENT

I **DO NOT** give my consent/authorization 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 Legal Guardian _____ **Date** _____

For more information visit www.twinsburgsoftball.com

League Use Only: Amount Paid: _____ Check No. _____ Registration Date: _____