

Santiago T-Ball/Pitch Ball/Softball League

Registration Form (one form per child)

**** **PARENTS ARE TO FILL OUT FORM PLEASE** ****

Each player **MUST** have a parent/guardian-signed form **PRIOR** TO PARTICIPATING

Player Information:

Name: _____

Address: _____

Age: _____ Birth Date: _____ Gender: _____ Phone: _____

Choose Division

- T-Ball (recommended ages 5-7) If sibling in same division, should they be on same team?
 Pitch Ball (recommended ages 8-9) YES NO DOESN'T MATTER
 Softball (recommended ages 10-14) Sibling name: _____

Parent or Guardian Information

Mother's name: _____

Father's name: _____

Guardian's name (if different): _____

Volunteers – We Need You!

In order for our softball program to succeed, we must find volunteers interested in filling the following positions. There will be an informational meeting on May 17, 2010 at 7:00 p.m. at the Santiago Town Hall for those interested in coaching, assistant coaching and umpires.

Volunteer(s) Name _____ Phone: _____

Please indicate shirt size: _____

Circle choices: **Head Coach** **Assistant Coach** **Umpire**

I agree to release Santiago T-Ball/Pitch Ball/Softball Program, Santiago Township and Santiago Lions of all liability related to accidents or injuries that might occur while participating in this activity. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency.

Signature of Parent/Guardian

Date

Health Insurance Company

SHIRT SIZE (circle one)	YOUTH:	SMALL	MEDIUM	LARGE
	ADULT:	MEDIUM	LARGE	X-LARGE

Website: www.santiagomnlions.com or Phone: (763) 856-4370