

SYBSA – 2010 SOFTBALL REGISTRATION

| | | | | |
|---|--------------|------------------|---------------------------------------|-------|
| Player's Last Name | First Name | Gender | Date of Birth | |
| Address, City, State | | Years Experience | Main Positions Played (if applicable) | |
| Parent/Guardian Name | Home Phone # | Work Phone # | Cell Phone # | Email |
| Parent/Guardian Name | Home Phone # | Work Phone # | Cell Phone # | Email |
| Emergency Contact Name (Other than Parent/Guardian) | | Relationship | Emergency Contact Phone # | |

VOLUNTEER AGREEMENT

Active participation by parents/guardians in youth athletic programs is necessary to help defray the costs of programs and allows them to continue to be offered at a reasonable rate. All parents/guardians are EXPECTED to contribute their time during the season to make their child's program a success. **Please indicate how you would like to contribute:**

| | | | | | | | |
|-----------------|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|
| Head Coach | <input type="checkbox"/> | Tournament Helper | <input type="checkbox"/> | Association Board Member | <input type="checkbox"/> | Field Maintenance | <input type="checkbox"/> |
| Assistant Coach | <input type="checkbox"/> | Pre-Game Field Prep | <input type="checkbox"/> | Umpire | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Player's Age as of January 1, 2010 _____ (see Softball Age Chart)

For parents/guardians with multiple player registrations spanning ages/programs (Softball/Baseball/Tee-Ball), **calculate the oldest child at the Primary Rate** and any additional children at the Additional Child Rate.

Name(s) of other children registered _____

| PROGRAM | AGE | PRIMARY RATE | ADDITIONAL CHILD |
|---------|---------|--------------|------------------|
| U – 8 | 7 – 8 | \$40.00 | \$30.00 |
| U – 10 | 9 – 10 | \$45.00 | \$35.00 |
| U – 12 | 11 – 12 | \$45.00 | \$35.00 |
| U – 14 | 13 – 14 | \$50.00 | \$40.00 |
| U – 16 | 15 – 16 | \$50.00 | \$40.00 |

SYBSA RELEASE FROM LIABILITY AND CONSENT FOR MEDICAL TREATMENT

I understand that travel to various buildings and playing fields will be necessary. I hereby authorize the Spearfish Youth Baseball/Softball Association league, officers, coaches, agents or their designated representative, to transport the above named participant to and from the association's sponsored activities, which include, but are not limited to, athletic and social events. I hereby agree to indemnify and hold harmless the Spearfish Youth Baseball/Softball Association, officers, coaches, agents or their designated representative and all other co-sponsors and their officers, employees and their agents from and against any and all loss, liability or damage arising from or because of, or in conjunction with, participation of my child in said activities. I hereby give permission for the above named participant in baseball or softball and all related activities. In the event of injury illness to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. I understand that fees are not refundable unless my child cannot participate or the family moves from the area before the season begins.

Signed _____ Relationship _____ Date _____

| For SYBSA use | Check Amount | Check Number | Cash Amount | Collected by | Date |
|---------------|--------------|--------------|-------------|--------------|------|
| | \$ | # | \$ | | |

CITY OF SPEARFISH RELEASE FROM LIABILITY

Age Division _____

I, the parent/guardian and the registrant, agree that I and the registrant will abide by the rules of the Spearfish Youth Softball/Baseball Program, its affiliated organizations and sponsors. Recognizing the probability of physical injury associated with Softball and Baseball, and being cognizant of the basic safety rules for activities connected therewith, and in consideration of Spearfish Youth Softball/Baseball Program accepting the registrant for its programs and activities: I hereby **RELEASE, DISCHARGE AND OR OTHERWISE INDEMNIFY** Spearfish Youth Softball/Baseball, its affiliated organizations and sponsors, their employees and associated personnel, including the City of Spearfish, its agents and employees as the owners of the fields and facilities utilized for the Spearfish Youth Softball/Baseball Program against any claim by or on behalf of the registrant, the registrant's enrollment and participation in the Spearfish Youth Softball/Baseball Program which may result in injury, death or other damage to the registrant or the registrant's family, heirs or assigns. The **RELEASE** includes injury, death or other damages to the registrant or the registrant's family, heirs or assigns as a result of the transportation of the registrant to or from said Summer Youth Recreation program. In consideration of the registrant being allowed to enroll and participate in Spearfish Youth Softball/Baseball Program, I hereby personally assume all risks in connection with said participation, and I further **RELEASE** the Spearfish Youth Softball/Baseball Program, its affiliated organizations and sponsors, their employees and associated personnel, including the City of Spearfish, its agents and employees as owners of the fields and the persons mentioned, from any harm, injury or damage which may befall the registrant while a participant in the Spearfish Youth Softball/Baseball Program, including all risks connected therewith, whether foreseen or unforeseen. I further state that I am of lawful age, the parent/guardian of the registrant, and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act and on behalf of the registrant.

I HAVE FULLY INFORMED MYSELF AND THE REGISTRANT OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT. I UNDERSTAND THE TERMS OF THE CONTRACT AND AGREE TO ABIDE BY THEM.
I ACKNOWLEDGE I HAVE READ AND UNDERSTOOD THE ABOVE CONTRACT.

I have executed this release in Spearfish, South Dakota on _____, 20_____.

Print Name of Player

Print Name of Parent/Guardian

Signature of Parent/Guardian