

# 2019 Lake Alliance Fast Pitch Softball Registration Form

## Deadline: 4/19/19



### PLAYER INFORMATION

Player Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_  
 Cell Number \_\_\_\_\_  
 Email \_\_\_\_\_  
  
 Parent/Guardian Name \_\_\_\_\_  
 Cell Number \_\_\_\_\_  
 Email \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact Person \_\_\_\_\_ Cell Number \_\_\_\_\_



### Fast Pitch Softball

10U Mon/Wed Age: 8-10  
 (\*born between January 1, 2009- December 31, 2010)

12U Tues/Thurs Age: 11-13  
 (\*born between January 1, 2006 – December 31, 2007)

14U Mon/Wed Age: 13-15  
 (\*born between January 1, 2004- December 31, 2005)

**\*Days are subject to change depending on league**



### Coaching Opportunity

I AM INTERESTED IN BEING A COACH:

Yes  No

Shirt Size: Youth/Adult XS S M L XL



**Cost: \$75**

Shirt Size (CIRCLE): Youth/Adult XS S M L XL

I/we, as parent/guardian of \_\_\_\_\_ (the participant) understand that participation in the Potterville Parks & Recreation Youth Programs involves risk of injury. I/we, understand that these injuries may be the result of the actions, inaction's or negligence of the Participant or others. I/we agree that the Participant is responsible for his/her actions while participating in Potterville Parks & Recreation activities. I/we also understand that Potterville Parks & Recreation does not carry medical insurance and that I will have to provide my own insurance for the Participant. I/we are aware of the risks and willing to assume them, I/we hereby waive, release and hold harmless the City of Potterville, its officers, directors, employees, agents, coaches and associated individuals and entities, including, but not limited to, the City of Potterville, team sponsors, owner of private or corporate properties used by Parks & Recreation, from any injuries incurred during scheduled play or practice on a team in the program. I/we intend for this waiver and release to also apply to any relative, personal representative, heirs or assigns who might pursue and legal action on the Participant's behalf.

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**Parent/Guardian Signature (REQUIRED)** **Print Name** **Date**

RETURN TO: POTTERVILLE PARKS & RECREATION | 319 N. NELSON ST. | PO BOX 488 | POTTERVILLE, MI 48876  
 517-645-7641 | FAX: 517-645-7810 | parks@pottervillemi.org