

**SODA SPRINGS PARKS AND RECREATION DEPARTMENT
GIRLS SOFTBALL REGISTRATION**

10U Softball
Born in 2007 or 2008

12U Softball
Born in 2005 or 2006

City Resident \$30
Non Resident \$35

\$5 Late fee if signing up after Friday, April 14th, 2017.

PARTICIPANT'S NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____

AGE Today: _____ **GRADE:** _____ **DATE OF BIRTH:** _____

Email Address (mandatory): _____

Shirt Size: YS YM YL AS AM AL AXL

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Health Insurance: _____

Any Medical Problems: _____

We do not accept team requests, meaning that unless your child has a sibling also playing they cannot ask to be put with anyone else. If you want your child to play with certain individuals, then please volunteer your time or donations to helping the league through the following:
Are you willing to:

Coach _____ Sponsor _____ Officiate _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Soda Springs Recreation Department, its affiliated organizations and sponsors. I understand that the City of Soda Springs does not provide medical insurance of any kind for the participant. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the City of Soda Springs, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent or legal guardian of the above-mentioned minor, I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent.

SIGNATURE OF PARENT/GUARDIAN

X _____

Parent/Guardian Signature Needed on Back
FOR OFFICE USE ONLY

DATE _____ AMOUNT PAID _____ CASH ___ CHECK
