2010 Spring Registration

10601 Tierrasanta Blvd. #273 San Diego, CA 92124 www.TierrasantaSoftball.org

PLAYER INFORMATION:

Players Name: _____ Date of Birth _____

Address: _____ City_____Zip Code:_____

Home Phone: _____ School: _____email:_____

Age as of 12/31/09:_____Division ☐tee-ball ☐8U ☐10U ☐12U ☐14U Fees: $115 per player (incl: shirt, socks, embroidered visor) $95 per teeball player

Parent can help: Manage Coach Fields $10 discount for military or sibling (one per family)

Number of years played: _____ Positions Played: ☐Catcher ☐Pitcher Jersey Size_____

Where (league)? _____ ☐ Infield ☐ Outfield (Jersey Sizes: YS YM YL AS AM AL)

EMERGENCY CONTACT INFORMATION Visor Name (max 10 Characters) _____

Father / Guardian: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Mother / Guardian: _____
Address:: _____
City: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

MEDICAL INFORMATION

Allergies or medical condition: _____

Doctors Name: _____ Insurance Carrier:_____

Phone: _____ Policy No.: _____

PERMISSION TO TREAT A MINOR:

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the managers, coaches, or parents of team members acting in the capacity of activity supervisors or vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment in the event of any injury caused by a direct or an indirect result of the participant's participation in TierraCanyon Girls Softball / ASA activities

INFORMED CONSENT:

I, the parent or legal guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the registration of the above named individual and permitting voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless TierraCanyon Girls' Softball, its volunteers and other representative from any claims arising out of or relating to any physical injury that may result to said individual while participating in TierraCanyon Girls' Softball sponsored events, including any physical injury cause by the negligence of any official, manager or coach while performing his/her duties during any practices or games. I also agree to return any equipment loaned to my daughter or me in as good condition as when received (excepting wear).

Parent/Guardian's Signature: _____ Date_____

Make checks payable to TierraCanyon Girls Softball

Mail completed Registration Form and payment to:

TierraCanyon Girls Fastpitch Softball – Spring 2010
10601 Tierrasanta Blvd, #273 San Diego, CA 92124

FOR LEAGUE USE ONLY

Division:_____Manager/Team:_____

Fees received by: _____Check # _____Amount_____

Date fees received: _____Birth date verified by:_____