

LAKE LYTAL LASSIE LEAGUE REGISTRATION

\$95.00 per player, \$45.00 for each additional sibling (\$30.00 FEE FOR RETURNED CHECK)

DATE _____ ATHLETE NAME _____ DATE OF BIRTH _____

HOME PHONE _____ CELL PHONE _____ Email _____

ADDRESS _____ CITY _____ ZIP _____

PREVIOUS SPRING TEAM _____ PREVIOUS WINTER TEAM _____

PLEASE READ WAIVER:

I, THE PARENT/GUARDIAN, of the above named individual applying for a position on a LAKE LYTAL LASSIE LEAGUE team, hereby give my approval for his/her participation in any and all softball activities during the current season. I assume all risks and hazards incident to such participation including transportation to and from the activities. Also, I hereby waive, release, absolve, indemnify, and agree to hold harmless the supervisors, coaches, Board Members, participants, Palm Beach County, and persons transporting my son/daughter to and from all activities from any claims arising out of injury to my son/daughter, except to the extent and in the amount covered by accidental and/or liability insurance held by the League. It is fully understood that League insurance is SECONDARY COVERAGE. Said coverage is subject to a deductible and is the responsibility of parent/guardian.

I, THE PARENT/GUARDIAN of, a player of LAKE LYTAL LASSIE LEAGUE hereby grant permission to the adult managers, coaches, team parents, and/or the business managers, working with or traveling with the team to obtain medical care from any licensed physician, hospital, or medical clinic in cases of injury. This authorization is valid only while the player is away from his/her legal address for the purpose of playing in LAKE LYTAL LASSIE LEAGUE ACTIVITIES.

SIGNATURE OF PARENT/GUARDIAN _____

Mother's Name (Print) _____

Mother's Occupation _____

Mother's Employer _____

Father's Name (Print) _____

Father's Occupation _____

Father's Employer _____

Lake Lytal Lassie League, Inc. is a non-profit, all volunteer organization. In order to maintain the high standards and financial responsibility that we have achieved in the past we appreciate your complete cooperation and participation (Example: concession duty & fund raisers).

Available to: Sponsor a team Volunteer as manager Volunteer as coach Volunteer as team parent Other _____

MEDICAL AND INSURANCE INFORMATION

FAMILY PHYSICIAN _____ TELEPHONE _____ REQUIRED MEDICATION _____

ALLERGIC TO _____ INSURANCE COMPANY _____ GROUP/POLICY# _____

FOR LEAGUE USE ONLY

AGE GROUP _____ PLAYING AGE _____ BIRTH CERTIFICATE ON FILE? YES NO

FEE: CASH CHECK CHECK NO. _____ AMOUNT \$ _____ SHIRT SIZE _____

BOARD MEMBER _____ DATE _____

*** White Copy to League *** Yellow Copy to Coach *** Pink Copy to Parent ***