MAYRA TRAVELING SOFTBALL REGISTRATION FORM

Player's Name:	Birth Date:	*Should be age 4 by July 2017
Address:	City:	Home Phone:
Parent's Name:	Email:	Cell Phone:
Parents Name:	Email:	Cell Phone:

Registration Fee: 10U Softball _____$100 (w/o jersey)

_____$140 (w/jersey)

12U Softball _____$100 (w/o jersey)

_____$140 (w/jersey)

Player's Jersey: Once teams are determined we will have jerseys for players to try on!

Our program is volunteer based. Funds collected are used for equipment, shirts, hats, field use and improvement. Please consider volunteering your time to help coach your players team. We provide equipment, training aides, and ideas for skills and drills

Are you willing to volunteer your time to coach? YES

Minor Participant Waiver

(This must be signed by a parent or guardian.)

I agree to allow my child to participate in the activity named above offered by MAYRA. I understand that my child shall abide by all rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation. I also agree to assume all risks involved in my child participating in the activity. I authorize treatment necessary by a physician or hospital. I further agree to release MAYRA, the MAYRA board, its employees, volunteers, and/or coaches from any and all responsibility should an accident or injuries occur to my child.

_____ _____

Parent/Guardian Signature Date

NOTE:

Traveling Softball is governed by the rules of the Suburban Softball League. Registrations MUST be received by APRIL 1st

If your check is returned, you will be charged a $30.00 fee and you will need to pay your registration in cash.

Scholarships maybe available. Please ask at registration for more information.

NO REFUNDS

I agree to allow Mora Area Youth Recreation Association (MAYRA) to use photos taken during practices, games and events to be displayed at their discretion on social media sites, in newsletter, websites and/or other places where MAYRA youth sports are promoted.

_____ _____

Parent/Guardian Signature Date

Payment: Cash Check Check #_____