

\$60.00 City Resident
\$65.00 Non City Resident

CASH _____ CHECK# _____ CARD _____
AMOUNT _____
DATE _____

SPRINGFIELD "FASA SOFTBALL" REGISTRATION

**** Birth Certificate REQUIRED At Time of Registration ****

PLAYER LAST NAME: _____ FIRST _____ Middle _____
GENDER: MALE / FEMALE BIRTH DATE: _____ AGE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PRIMARY PHONE # _____

DID YOUR CHILD PLAY IN "SPRINGFIELD LEAGUE" LAST YEAR? Please Circle: (YES) (NO)
If YES, Which Team? _____ If NO, Where did your child play? _____

NOTE: Request for your Child to "Re-Enter" the Draft MUST be made at your Time of Registration. Request after registration will NOT be accepted.

(Please Circle)

If eligible, do you request for your child to re-enter the draft? (YES) (NO)

DO YOU LIVE WITHIN THE SPRINGFIELD CITY LIMITS? (YES) (NO)

**** PLAYER JERSEY SIZE ****

(CIRCLE ONE) (Youth Sizes) (Adult Sizes)
YS YM YL AS AM AL AXL AXXL

DAD'S LAST NAME: _____ FIRST NAME: _____
PHONE # _____ EMAIL: _____
MOM'S LAST NAME: _____ FIRST NAME: _____
PHONE # _____ EMAIL: _____
EMERGENCY CONTACT OTHER THAN PARENT: _____
RELATION: _____ PHONE # _____
WOULD PARENT OR GUARDIAN BE INTERESTED IN "HEAD COACHING"? _____

In consideration of the City of Springfield allowing the use of their facilities for my son/daughter playing baseball, I hereby agree to hold the City of Springfield and it's officials as well as the coaches harmless for any injuries received or medical treatment given to my son or daughter as a result of his or her participation in games, practices, or traveling to and from the game or practice session. I am aware of the risks associated with this sport and on behalf on my minor child or ward, assume the risk of injury.

I further agree to furnish any medical insurance coverage for my son or daughter for injuries received as a result of his or her participation in the Springfield Dixie Youth/Boys/Majors Baseball-Dixie League.

Agreed to this (Month/Day/Year) _____

(Signature of Parent or Guardian)