

Registration Form

Age Group (Circle One): 7U 10U 12U 14U 16U

Player Information

Player Name:		Date of Birth:
Address:		
School:	Player Age:	Grade:
Uniform Size: (Circle One)	YS /YM/ YL /YXL AS /AM /AL/ AXL /AXXL	# preferences ____ ____ ____
Position Preference:	1 st	2 nd 3 rd
Any activities that may conflict with softball? Yes No		
If yes, explain _____		

Parent Information

Father/Legal Guardian	Mother/Legal Guardian
Name:	Name:
Phone:	Phone:
Email:	Email:

Medical Information

Emergency Contact:	Phone:
Insurance Carrier:	Policy No.:
MEDICAL DISCLOSURE: - Please disclose any medical conditions or medications your daughter is taking which could potentially affect her ability to participate. _____	

Initial: _____

_____ I/We understand that fundraising is an important part of our organization and that I/We will be responsible for volunteering in the concession stand a minimum of 1 complete game or pay an additional \$25.00 to this year's registration.

_____ As a coach or parent of a player in the Bermudian Freedom Softball Organization, I/We acknowledge that I/We have read, understand and will adhere to BFSO Code of Conduct.

_____ I/We hereby give permission for my daughter to participate in the 2020 Bermudian Freedom Softball program. I further waive, release, absolve, indemnify and agree to hold harmless the Bermudian Springs School District, the Bermudian Freedom Youth Softball Organization, coaches, volunteers and participants from any responsibility for injury or accident before, during or after any league or evaluation activity.

Parent/Legal Guardian Signature _____ Date _____

League Use Only:	_____ Paid CK#	_____ Paid Cash	Birth Certificate:
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