



Softball



Age on January 1
Ages 7-14

Child's Name: _____ Date of Birth: _____ Age: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

MOM/Guardian's Name: _____

Contact Number: _____ Cell/Other: _____

E-mail: _____

DAD/Guardian's Name: _____

Contact Number: _____ Cell/Other: _____

E-mail: _____

If you or any siblings were on a team last season, please provide us with the names of the siblings, coaches & teams, if possible:

Names & ages of any siblings playing this season:

I hereby give my consent for _____ to participate under the rules and regulations of the City of Richland Parks & Recreation. I release the Richland Attendance Center, the Officers, the Booster Club, Coaches, Sponsors, USSSA, Start Smart, MYSA, City of Richland Parks & Recreation and any other duly appointed person(s) from Liability as result of injury while at practice or games sponsored by the City of Richland. I also understand that in the event of a protest concerning my child's legal age, it is my responsibility to furnish the Richland Parks & Recreation with additional proof. As the legal guardian of the above named player, I hereby give my consent for emergency medical treatment to be given under whatever conditions are necessary for life, limb, or well being of my dependent.

Signature: _____ Date: _____ Print Name: _____

PLAYER UNIFORM ORDER (Please Circle)

Shirt Size: Youth: S M L Adult: S M L XL XXL XXXL

Sock Size: S M L

Parent Verification Signature (for uniform sizes): _____

Payment due upon registration

Richland Resident: \$60

Non-Resident: \$65

(FOR OFFICE USE ONLY)

Birth Certificate:	YES	NO	Cash	Amount:	Entered By:
Notes: _____			Check #: _____	\$ _____	_____
			Credit Card		