

# ARLINGTON T-BALL AND COACH PITCH REGISTRATION

PLAYER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ GIRL/BOY \_\_\_\_\_  
PARENTS \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_  
E MAIL ADDRESS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_ DID YOU PLAY BALL LAST YEAR? \_\_\_\_\_

**VOLUNTEERS:** It takes volunteers to make the program work. Please volunteer to assist!

\_\_\_\_\_  
HEAD COACH                      ASSISTANT COACH  
ARE YOU INTERESTED IN COACHING, ASS'T COACHING, OR HELPING YOUR CHILD'S TEAM?  
IF SO, PLEASE LIST THE FOLLOWING:  
NAME \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**T-SHIRT SIZE (CIRCLE ONE) – COACH PITCH ONLY**  
S-YOUTH    M-YOUTH    L-YOUTH    S-ADULT    M-ADULT

Friend I would like to be on a team with \_\_\_\_\_  
(We will do our best to accommodate requests, however, this cannot be guaranteed.)

**FEES: T-BALL- Ages 4-5 \$15.00**  
**COACH PITCH- Ages 6-8 \$20.00**  
**PLEASE MAKE CHECKS PAYABLE TO AYS SOFTBALL**

**DEADLINE: FRIDAY, March 28, 2008** – All registration forms need to be returned by 3-28-08 to Arlington Elementary School, St. Paul's Lutheran School, or Brook Stromer (PO Box 106 – Arlington, NE 68002).

## **PARENTS/GUARDIAN RELEASE AND INDEMNIFICATION AGREEMENT**

I HAVE READ THE FOREGOING INFORMATION CONCERNING THE ARLINGTON YOUTH SPORTS SOFTBALL NON-PROFIT PROGRAM NAMED HEREIN AND AGREE TO ITS RULES AND FORMAT AND GIVE MY CHILD PERMISSION TO PARTICIPATE IN SUCH A PROGRAM.

REALIZING THAT MY CHILD IS PLAYING FOR FUN, RECREATION, AND PERSONAL BETTERMENT, I HEREBY, FOR MYSELF AND FOR MY CHILD, OUR HEIRS, PERSONAL REPRESENTATIVE AND ASSIGNS, WAIVE AND RELEASE ANY AND ALL CLAIM FOR INJURIES OR DAMAGES, OF ANY KIND OR NATURE, WHICH EITHER I OR MY CHILD MAY HAVE AGAINST ARLINGTON YOUTH SPORTS BASEBALL, ANY MANAGER, COACH, INSTRUCTOR, UMPIRE, REFEREE, OR ASSISTANT THERETO, AND ANYONE WHO PREPARES A PLAYING FIELD FOR ANY PRACTICE SESSION OR ANY FORMAL GAME, CHAPERONS, SPONSORS OR ANYONE WHO ORGANIZES OR CAUSES THIS PROGRAM TO OPERATE, THEIR AGENTS, REPRESENTATIVES, AND ASSIGNS AS A RESULT OF ANY PRACTICE SESSION OR GAME OR ANY PARTICIPATION IN SAID NON-PROFIT SPORTS PROGRAM, AND INDEMNIFY ARLINGTON YOUTH SPORTS SOFTBALL AND ALL PARTIES NAMED HEREIN AGAINST SUCH CLAIM OR DAMAGES ARISING FROM SUCH CLAIM.

**WE HEREBY AGREE THAT COACHES, MANAGERS, UMPIRES, REFEREES, THEIR ASSISTANTS OR ANYONE WHO PREPARES ANY PLAYING FIELD SHALL NOT BE LIABLE FOR THE INJURY OR DEATH OF MY CHILD AS A PARTICIPANT IN SAID ARLINGTON YOUTH SOFTBALL/ARLINGTON YOUTH SPORTS PROGRAM WHICH RESULTS FROM THE NEGLIGENCE ON ANY OF THE ABOVE LISTED INDIVIDUALS.**

I UNDERSTAND THAT ARLINGTON YOUTH SPORTS SOFTBALL ASSUMES NO LEGAL OR FINANCIAL RESPONSIBILITY IN CASE OF ACCIDENT OR INJURY, AND I ASSUME FULL REPONSIBILITY FOR MY CHILD'S MEDICAL EXPENSES AND WAIVE ALL RIGHT OR CAUSES OF ACTION, WHICH MY CHILD OR I MAY HAVE AGAINST ARLINGTON YOUTH SPORTS BASEBALL AND EACH OF THE PERSONS NAMED HEREIN.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008 \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**\*\*\*PLEASE RETURN: REGISTRATION FORM**  
**CHECK TO AYS SOFTBALL**

If you have any questions, please contact Brook Stromer at 478-4361.