



Elizabethton/Carter County Youth Baseball-Softball Association 2018 Softball Registration

For Office Use Only:
 Draft _____ Non-Draft _____
 Playing Age _____
 League _____
 Softball Pitch? Yes / No _____
 Pymnt Type: Cash CC _____
 Amount Paid: _____
 Staff Initials: _____

Child's Name _____ Date of Birth ____/____/____ Age on Jan. 1, 2018 _____

Address: _____ City _____ Zip _____

Child's Shirt Size (circle) **Youth** XS - S - M - L - XL **Adult** XS - S - M - L - XL - XXL

Parent/Guardian # 1

Name _____ Address _____

Home Phone _____ Cell _____ E-mail _____

Occupation _____ Volunteer? Yes / No _____

Parent/Guardian # 2

Name _____ Address _____

Home Phone _____ Cell _____ E-mail _____

Occupation _____ Volunteer? Yes / No _____

Medical Information

Emergency Contact _____ Phone _____

Relationship to Player _____

Child's Insurance Carrier _____ Policy/Group # _____

Please List Serious Health Issues _____

<u>Softball League</u>	<u>Prior Softball Experience</u>
_____ 7 – 8 Coach Pitch _____ 9 – 10 Minor League _____ 11 – 12 Major League	Has child played softball before? Yes / No Is child interested in pitching? Yes / No What League? _____ What team? _____ Last season's coach _____ Request to re-enter the draft? Yes / No _____

Waiver and Agreement

I hereby agree to play with the Elizabethton/Carter County Youth Baseball-Softball Association and promise to carefully abide by rules and regulations. In consideration for the ECCYBSA and the City of Elizabethton providing recreational activities, I hereby release the ECCYBSA, City of Elizabethton, and their agents and employees from any and all liability, claims or demands which in any way arise out of my child's participation in these activities.

This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I further state that I have carefully read the foregoing release and know its contents, and I sign my name as my own free act.

 (Please PRINT parent / guardian name) (Participant's parent / guardian signature) Date _____

VOLUNTEER COACHES are needed. If interested, please sign below:

BG Check _____

Name _____ Address _____ Zip _____ Home
 Phone _____ Cell Phone _____ Email _____

All volunteer coaches will be asked to sign a consent form in order for a mandatory annual background check to be conducted!