



## Waterford Valley Softball 2011 Slowpitch Registration



Registration Fees: **T-Ball- \$60.00 or Softball - \$80.00** **Basketball Add \$40**  
**CASH ONLY FOR REGISTRATION FEES**

I wish to participate in slowpitch: (please check one)

- T-Ball** \_\_\_ (5-7 yrs ) Child will be 7 years of age or younger as of December 31/11  
**Mite** \_\_\_ (8-10 yrs) Child will be 10 years of age or younger as of December 31/11  
**Squirt** \_\_\_ (11-12 yrs) Child will be 12 years of age or younger as of December 31/11  
**Peewee** \_\_\_ (13-14 yrs) Child will be 14 years of age or younger as of December 31/11  
**Bantam** \_\_\_ 16 years of age or younger

\*If you wish to participate in our basketball program place a check in the box to the right.

Child Name: **(Please Print Clearly)** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

MCP: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_ Did you play last year? \_\_\_\_\_

How long have you been playing softball? \_\_\_\_\_

Softball Jersey Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_

Parent's E-mail Address (MANDATORY): \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

I would like to help as:

- House League Coach**
- All-Star Team Coach**
- Committee Member**
- Manager**

Note: All individuals coaching an all-star team must be level 1 certified. WWSA will pay fees.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to play on a team with my friend: \_\_\_\_\_



## Waterford Valley Softball Production Consent Form



Waterford Valley Softball has created a website ([www.waterfordvalleysoftball.com](http://www.waterfordvalleysoftball.com)) to provide information to the public about our association. From time to time we will post information regarding team rosters, team accomplishments, team photos, and game action photos that may contain your child's name or image.

I, \_\_\_\_\_, the undersigned, hereby agree to permit  
(Parent/Guardian Name – Please Print)

my child \_\_\_\_\_, to participate in this publication.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Contact us: 745-7343

[www.waterfordvalleysoftball.com](http://www.waterfordvalleysoftball.com)