

Krum Youth Sports Association  
2010 Fall Softball Registration

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Did child play with KYSA last Spring? \_\_\_\_\_

List age group and Coaches name \_\_\_\_\_

**FEE: \$75.00 FOR EACH CHILD**

ASA Softball League Age is the age of child as of January 1, 2010

T-ball Ages 4-6 \_\_\_\_\_

Shirt Size:

Short Size:

Coach Pitch ages 7 and 8 \_\_\_\_\_

small Med. Large

small Med. Large

Ages 9 and 10 \_\_\_\_\_

Youth \_\_\_\_\_

Youth \_\_\_\_\_

Ages 11 and 12 \_\_\_\_\_

Adult \_\_\_\_\_

Adult \_\_\_\_\_

Ages 13 and 14 \_\_\_\_\_

Please list any Medical Information the league should be aware of: allergies, asthma, etc.

Father

Mother

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

\_\_\_\_\_

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

\_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

email: \_\_\_\_\_

Medical Release:

I/We, the parents/guardians of previously named candidate for a position on the KYSA Summer League Team, hereby give my/our approval to participate in any and all league activities. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/we hereby waive, release, absolve, indemnify and agree to hold harmless the local, league, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child(ren), whether the result of negligence or from any other cause except to the extent in the amount covered by accident and liability insurance. I/we understand that the Insurance carried by this league covers only the amount that is not paid by my/our carrier.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*\* BIRTH CERTIFICATES REQUIRED FOR ALL PLAYERS\*\*\*\***

Check # \_\_\_\_\_

Cash \_\_\_\_\_

**\*\*\* Parent will be required to work in concession stand\*\*\*** \_\_\_\_\_ (initial)