Boston Girls Softball Registration 2010

Softball players must be between 7 and 18 years old on January 1, 2010 (unless otherwise approved). New players must supply a copy of their birth certificate at registration. Please note that the Ponytail division (girls 4-6) will be combined with the Boys' T-Ball division. All returned checks are subject to a $20.00 service fee. FYI—this league is primarily girls.

REGISTRATION BY MAIL:

Make checks payable to ***Boston Youth Softball Association***
And mail to: Boston Youth Softball Association

Dianne Stroh
5639 Northside Dr
Hamburg , NY 14075
1-716-648-9049

FEE AMOUNTS:

$ 30.00 Ponytails
$ 40.00 Modified / JV / Varsity
$ 5.00 less per player per house
With 2 or more players
plus $40 per child mandatory fundraising fee ($80 max per family)
(8 raffle tickets @ $5 each) *

*RAFFLE TICKET PAYOUT
1st place 1 @ $500
2nd place 2 @ $250
3rd place 10 @$100
Total Payout $2,000

Name_____

Address _____ City _____ Zip _____

Date of Birth _____/_____/_____ Age _____ Grade_____Phone_____

Number of years played softball _____ Position Played _____

Boston Team and Coach last year _____

Email address _____

List any medical conditions:_____

You do not need to be a resident of Boston to participate.

_____ _____ _____
PONYTAIL 4-6 MODIFIED 7-9 JV 10-13 VARSITY 14–18

I am interested in a pitching clinic ( ); becoming an umpire (minimum 13 years old) ( ).

Circle Shirt Size: YS YM YL AS AM AL AXL AXXL

Circle Short Size: YS YM YL AS AM AL AXL AXXL

( ) I would like to assist in coaching (requires attending coaches meetings)

Consents and Agreements: As the parent/legal guardian of the registrant, a minor, I agree that the registrant and I will abide by the rules of the BYSA. Recognize the possibility of physical injury associated with softball and in consideration for the BYSA accepting the registrant for its softball programs, I hereby release and discharge the BYSA, its affiliated sponsors, the employees and associated personnel, including owners of fields and facilities utilized for the programs, against any claim on behalf of the registrant as a result of the registrant's participation in the programs, and/or being transported to or from which transportation I herby authorize. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

I hereby grant permission for my child to participate in the Town of Boston Softball for the year 2010.

_____ _____
Signature of parent/guardian Print parents' names for coach information

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For league use only:
Registration fee paid $_____ paid by (circle) cash check #_____
Fundraiser fee paid $_____ paid by (circle) cash check #_____
Total money collected $_____ (Has siblings in the league) Names: _____
Birth certificate received? _____ Received by _____ Date _____