

GIRLS SOFTBALL REGISTRATION OPTIMIST CLUB 2018 LEAGUE

MAIL IN - form and fee to Dave Crevcoure, 3104 East River Dr, Green Bay, 54301

ONLINE - registration go to: tshq.bluesombrero.com/optimistclubgb

CONTACT - Dave Crevcoure, dcrevcoure@yahoo.com, 920-609-8069

NO PLAYER TURNED AWAY. If financial assistance needed contact league official.

Please add the league that you are wishing to register for to the form. (Grade as of current year.)

- 1.) 4k-k, coach pitch, play Tuesday and Thursday, June and July, Fee \$30
- 2.) 1st-2nd grade, coach pitch, play Tuesday and Thursday, June and July, Fee \$30
- 3.) 3rd-4th grade, live pitching, Tuesday and Thursday, June and July. Draft for new players and players moving up. Fee \$45
- 4.) 5th, 6th, & 7th grade, live pitching, Monday and Wednesday, June and July Draft for new players and players moving up. Fee \$45

All games played at Finger Rd Ball Diamonds, 3385 Finger Rd.

-----cut here and send-----
Name _____ Birth Date _____ Grade _____
Phone _____ Email Address _____
Address (street and city) _____
Did you play softball in a league last year? yes no
League/team _____ Positions played _____
School you attend _____ Jersey Size (Adult or Youth) S M L XL
Specify the league that you are wishing to register. (Grade as of current year) _____

I/we, the parents of the above named child give my/our approval to her participation in any an all of the activities of the league. I/we assume all risks and hazards to the conduct of the activities and transportation to/from the activities. I/We do further release, absolve and hold harmless the league, the organizers, sponsors the supervisors, any or all of them. In case of injury to my/our child, I/We hereby waive all claims against the league, the organizers, the sponsors, and any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to/from the activities. I/We will furnish a certified birth certificate of the above named candidate upon request of league officials. I understand no health insurance will be provided. I/We agree to return any or all equipment provided by the league. I/we consent that all photos are league property and can be used at the discretion of the league.

Parent Guardian Name: _____ Signature: _____

VOLUNTEERS NEEDED - I WOULD LIKE TO HELP: HEAD COACH ___ ASST COACH ___
CONCESSIONS ___ UMPIRE ___ (background checks are required)