



softball

Girls' Spring 2005 Registration

Age on 1/1/2005 _____

- 8 & Under – Coach Pitch**
- 10 & Under Fast Pitch**
- 10 & Under Modified**
- 12 & Under Fast Pitch**
- 15 & Under Fast Pitch**
- 11-13 Slow Pitch**
- 14-16 Slow Pitch**

CLNYAA Board Member Will Complete	
Date of Registration:	_____
Birth Certificate:	<input type="checkbox"/> Attached (copy must be provided at registration)
Date of Birth:	_____ Age: _____
Fees: Girls' Softball - \$75	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check (# _____)
Board Members Initial:	_____ Treasurer: _____
Fundraising Discount Cards Received _____	x \$10.00 = \$ _____
Please mail completed form, copy of birth certificate and registration fee to: CLNYAA • P.O. Box 771 • Cornelius, NC 28031	

Player Registration:

Name: _____ Nickname: _____

Address: _____ Telephone #: _____

Mailing Address (if different) _____

City: _____ Zip: _____ School: _____

Email Address: _____

How many years have you played this sport: _____ Position(s) Played: _____

Any medical conditions (ex. Asthma) Yes No (If yes please complete CLNYAA Medical Release Form)

Did you play in CLNYAA last season: Yes No

Shirt Size: (Please circle one) YOUTH: S M L XL ADULT: S M L XL

Parent Guardian Information:

Mother/Guardian Name (print): _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____ Pager: _____

Father/Guardian Name (print): _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____ Pager: _____

Parent/Guardian Information:

I/We the Parents/Guardians of the above named player hereby give my/our approval for his/her participation in any and all team activities during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities, and transportation to and from all activities. I/We do further hereby release and resolve to hold harmless the Cornelius Lake Norman Youth Athletic Association and its associated organizations, the organizers, and supervisors, from any and all injury, loss, or damage to the above named player except to the extent and amount covered by accident and/or liability insurance provided by CLNYAA. I/We also understand that CLNYAA insurance is supplemental to the player's family insurance.

In case of injury to the above named player, I/We hereby waive all claims against the organizers, or supervisors appointed by them. I/We likewise release from responsibility any person transporting the above names player to and/or from CLNYAA activities.

Competing Programs: I/We agree that participation on a youth baseball/softball team sponsored by the Cornelius Lake Norman Youth Athletic Association will take precedence over any other commitment with any other team or league.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____