

YOUTH SOFTBALL REGISTRATION

Return to: Spring Lake Park Recreation / 1301 81st Ave. NE, Spring Lake Park, 55432

Fee: \$75 per player

Deadline: March 17th (if received after this date, Fee increases to \$85 / pending availability)

Player Name _____ Male ___ Female ___ Other ___

Address _____ City _____ Zip _____

Home Phone (given to coach) _____ Additional Phone (given to coach): _____

Birthday _____ Age (as of 5/1/21) _____ School _____

Current Grade _____ Email: _____

Parent Name _____ Cell Phone _____

Parent Name _____ Cell Phone _____

SHIRT SIZE

*used to estimate sizes for the team

	Adult Small
Youth Small	
	Adult Medium
Youth Medium	
	Adult Large
Youth Large	
	Adult XLarge

League Registering for (*Choose One*):

7U - Ages 5-7

10U - Ages 8-10

13U - Ages 11-13

17U - Ages 14-17

My One Player Request (*relative or friend*). They must also list your child on their form for the request to be honored.

[one only]: _____

Interested In Volunteering As Head Coach Or Assistant Coach?

Head ___ Assistant ___ Name: _____ Email (required): _____

Email wgoldberg@slpmn.org or call 763.792.7201 to receive coaching forms.

I would like to help with Tournament Concessions

Name: _____ Phone: _____

Please note: The Spring Lake Park Recreation Department, in order to provide the safest and most secure environment for all players, requires criminal background checks (+ additional information) for all individuals volunteering for a coach or assistant coach position. **WAIVER OF CLAIMS FOR DAMAGES** In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights, and claims for damages I may have against the Spring Lake Park School District #16 School Board, and the City of Spring Lake Park and its representatives, successors and assigns for any and all injuries suffered by me or my child at any athletic event or event sponsored by these groups. **CONSENT TO RELEASE INFORMATION** By signing below I understand that my/my child's name, address, telephone number and health information will be provided to staff, volunteers, coaches, program participants, city attorney, insurer, and to any other agents deemed necessary for the purpose of implementing and administering the program. I understand that I am not legally required to disclose this information, however failure to do so will prevent my/my child's participation in this program. By submitting my email address I am indicating that I would like to receive email updates on youth programs offered through the recreation department. The Recreation Department will only send you information regarding Recreational activities offered by SLP.

PARENT / GAURDIAN SIGNATURE: _____

BELOW FOR OFFICE USE ONLY

Paid:	Full	\$ _____	League	_____
	Family Rate	\$ _____	Sibling leagues	_____
	Other	\$ _____	Sponsor Name	_____
Check #	_____	Cash	_____	Receipt # _____