

Conestoga Valley Youth Athletic Association 2010 Softball Registration

Visit our Website at - www.cvyasports.org/softball

Please Print

Player's Name _____ Birthday _____

Street Address _____ City _____ Zip _____

Current School _____ Current Grade _____

Parent 1 Name _____ Parent 2 Name _____

Phone 1 _____ Phone 2 _____

Email _____ Player's Cell _____

Health Problems or Restrictions _____

Comments _____

***Please make your checks payable to CVYAA. Your fee is due at registration.
A \$10 Late Registration Fee will be assessed if not mailed by 2/27/10***

Choose the team. (Age as of January 1, 2010)

- 8u (\$50) 14u (\$70)
 10u (\$60) 18u (\$70)
 12u (\$70)

**(There is a \$120 family cap for 2 players)
(There is a \$150 family cap for 3 players)**

I will volunteer to be:

- Manager
 Assistant Coach
 Team Parent
 Umpire (8u and 10u only)
 Field Maintenance

Please circle your experience level.

Years playing fastpitch softball: 0 1 2 3 4 5 6 7 8 9 10

- I choose not to volunteer:
I will pay an additional \$25
 I choose not to participate in a fundraiser:
I will pay an additional \$25

Choose your clothing size.

Youth Shirts

- Small
 Medium
 Large

Adult Shirts

- Small
 Medium
 Large
 X-Large
 XX-Large

Youth Shorts

- Small
 Medium
 Large

Adult Shorts

- Small
 Medium
 Large
 X- Large
 XX-Large

Release of Liability

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that the registrant and I will abide by the rules of the CVYAA and it's sponsors. Recognizing the possibility of physical injury associated with softball, and in consideration for the CVYAA accepting the registrant for it's programs and activities, I hereby release, discharge, and/or otherwise indemnify the CVYAA and its sponsors, their employees and associated personnel, including owners of fields and facilities utilized for the programs, against any claim (including medical claims) by or on behalf of the registrant, as a result of the registrant's participation in the programs, and/or being transported to or from the same, which transportation I hereby authorize.

(Parent signature) (Date)

(Participant signature) (Date)

Please mail completed form and fee to:
CVYAA
PO Box 361
Leola, PA 17540

Reminder: DO NOT MAIL CASH!

For League Use Only

Date Paid: ___ / ___ / ___ Check # _____ Cash (do not mail cash) _____ Amount _____ Received by _____