Conestoga Valley Youth Athletic Association
2012 Softball Registration

Visit our Website at – www.cvyaasports.org/softball

Please Print

Player's Name_____ Date of Birth_____

Street Address _____ City _____ Zip_____

Current School _____ Current Grade_____

Parent/Guardian 1 Name _____ Phone 1_____

Parent/Guardian 2 Name _____ Phone 2_____

Email _____ Player's Cell / Email _____

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 3/3/12.

Choose the Team (Age as of January 1, 2012)

_____8u ($60) _____14u ($75)
_____10u ($60) _____18u ($60)
_____12u ($75)
(There is a $10 discount on family's second player)
(There is a $20 discount on family's third player)

I volunteer to be:

_____Manager
_____Assistant Coach
_____Team Parent
_____Umpire (8u & 10u only)
_____Field Maintenance
_____Participate in Fundraising
_____No Volunteer/Fundraising **(PAY ADDITIONAL $25)**

Indicate Player's experience

Years played 0 1 2 3 4 5 6 7 8 9 10

Choose your clothing size:

Youth Shirts	Adult Shirts	Youth Shorts	Adult Shorts
Small	Small	Small	Small
Medium	Medium	Medium	Medium
Large	Large	Large	Large
	X-Large		X-Large
	XX-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 its sponsors. Recognizing the possibility of physical injury associated with softball, and in consideration for the CVYAA accepting the registrant for its 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 Received:_____ Check #_____ Cash _____ Amount _____ Received by _____