Classie Lassie Registration Form (http://www.classielassies.com)

Name		Date of Birth
Mailing		
Address		Age (as of this past January 1st)
City	Zip	Age Group: 5-6 7-8
School	Grade	Placement Request (another player's Name) We will try to Honor at least one choice
Primary Phone		Nork Cell 1st Choice:
Additional Phone	_\ _\	
Additional Phone		Vork
		(please print clearly)
Experience and Ability # of Years Playing: Orga T-Shirt Size: Children	anized Ball	14/16 Adult Sizes: SM MED LGE XLGE
Emergency Contact		
Does player have any ph	nysical impairment or	medical problem?, Describe
Parents Name Mothe		Father
Are You Interested in: Managing: Y N Nan Coaching: Y N Nan	ne	Purchasing a Sign: Y N
Lassie Softball Program duri activities. I further agree to a their sponsors, organizers, su	ng this years' season. I wi release, absolve, indemnify pervisors, board members ntatives to provide medica	
Signature (Parent/Guard	ian)	Date
League Use Only Registration Total:		No. Registered:
Amount Paid:		
Amount Owed:	Late Fee:	League Official: