

# Classie Lassie 2009 FALL BALL Registration Form

(<http://www.classielassies.com>)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing

Address \_\_\_\_\_

Age (as of **January 1, 2010**) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Age Group: 9-10 11-12 13-14 15-17

School \_\_\_\_\_ Grade \_\_\_\_\_

**Placement Requests** (another player's Name)

Used only as a Guide – **No Guarantees**

Primary Phone \_\_\_\_\_

- ☐ Home  
☐ Work  
☐ Cell

Additional Phone \_\_\_\_\_

- ☐ Home  
☐ Work  
☐ Cell

E-Mail Address \_\_\_\_\_ (please print clearly)

Pitching Interest: **Y N**

Catching Interest: **Y N**

**T-Shirt Size:** Children Sizes: **6/8 10/12 14/16** Adult Sizes: **SM MED LGE XLGE**

Does player have any physical impairment or medical problem? \_\_\_\_\_, Describe \_\_\_\_\_

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**Parents Name** Mother \_\_\_\_\_ Father \_\_\_\_\_

**Are You Interested in:**

Managing: **Y N** Name \_\_\_\_\_ Coaching: **Y N** Name \_\_\_\_\_

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I do hereby give my daughter, \_\_\_\_\_, permission to participate in the Classie Lassie Softball Program during this years' season. I will assume all risks and hazards that are incidental to the conduct of the activities. I further agree to release, absolve, indemnify and hold harmless, the CLASSIE LASSIE SOFTBALL LEAGUE, their sponsors, organizers, supervisors, board members and officers of all legal responsibilities. I give permission to this league, its officers or representatives to provide medical treatment in case of emergency or injury. I also understand that the registration fee is non-refundable.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

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**League Use Only**

Registration Total: \_\_\_\_\_

No. Registered: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check, Cash) Check No.: \_\_\_\_\_ League Official: \_\_\_\_\_