## 2019 Eldridge Youth Softball Registration Southern Wapsi Girls Softball League

(Deadline for registration is March 23, 2019)

Cost is \$60.00 per child – Make checks payable to Eldridge Park Board Refunds will not be given if player decides to no longer play

Request for coaches cannot be guaranteed - players will be placed on a team via a draft

Player's Name:							
Address:							
			:				
(Girls will be playi	ng in the grade level	they are coming fro	om, NOT THE GRADI	E THEY ARE GO	OING INTO)		
Parent/Guardian's 1	Name:						
Address:							
City & Zip:		Email:					
Phone:		Cell:					
Parent/Guardian's I	Name:						
City & Zin:		Email:					
Phone:		Email: Cell:					
Do you pitch in AS	A or any other organ	ized softball league	es? Yes	No			
Do you play in ASA	A or any other organi	zed softball league	s? Yes	No	_		
Tarches are ch		attached backgrou	circle if you are interested in bein hed background check consent for HEAD COACH				
Pee Wee Red (grad	es 1-2) Pee We		e the level of play 5) Junior (gra	de 6-8)	Senior (grade 9-12)		
Girls will be playing	ng in the grade leve	l they are coming	from, NOT THE GR	ADE THEY AI	RE GOING INTO!		
Please circle a shirt	size you want order	ed for the player.					
Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large		
season, I hereby, for my administrators, release a employees, and all volum any and all rights, claim sustained by me and my games, post season tour	self, my heirs, executors, and forever discharge the Conteers performing any servers, demands, and actions of equipment, before, during	and administrators, and/ City of Eldridge, the Eld vice or duties for or on be f any and every nature v g, and after said softball nes, and any related acti	or for the minor for whom ridge Park and Recreation I behalf of the City of Eldridg whatsoever that I or said min season, including team trai	I am signing, includi Board, all elected and ge or Eldridge Park and nor may have, for any ning and practice ses	tion to play softball for the 2019 ng his or her heirs, executors and appointed public officials, and Recreation board, of and from y and all loss, damage, or injury sions, regularly scheduled actice or training. I (we) have		
Signature(s):			Date:		_, 2019		
					Fitness Center. If		

Please bring payment and registration form to the Eldridge Recreation and Fitness Center. If you are unable to stop in, payment and registration forms may be mailed to: Eldridge Rec and Fitness: 401 South 14<sup>th</sup> Ave, Eldridge, IA 52748 Attn: Girls Softball

## VOLUNTEER ELDRIDGE PARK & REC BACKGROUND CHECK

Name:						
Last	rst		Middle Initial			
Current Address:						
Street #	<b>‡</b>	City		State	Zip Code	
ocial Security #:			D.O.B	/	/	
Iome Phone:	_	Cell Phone:				
osition Applying For:						
urrent Employer:						
mployer Address:		Phone:				
Street #	City	State	Zip Cod	e		
Please list any additional info	rmation you feel is rel	levant:				
authorize the release and ackground report.	d verification of all	informatio	n needed to c	omplete a	full criminal	
pplicant (Print Name)		Date				
pplicant (Signature)				Date		

NOTE: \*\*\*All fields must be completed in full or request will not be processed\*\*\*