

Redding Girls Softball League Registration Form (_____ Season)

<p>Instructions:</p> <ol style="list-style-type: none"> 1. Fill out registration form completely. 2. Include full amount of registration fees. 3. Return to: City of Redding Recreation, 1250 Parkview Ave., Redding, CA 96049 	<p align="center"><u>For Office Use:</u></p> <p>Cash Amt. Pd. _____</p> <p>Check # _____</p> <p>Prepared by _____</p> <p>Date _____</p>
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Player Name: _____ Email: _____

Phone #1: _____ Phone #2: _____

Street: _____ City: _____ Zip: _____

Age as of January 1, 2010: _____ yrs. old Birth date: _____ Grade: _____

Softball Experience: _____ yrs- Little Ladies _____ yrs- Rookies _____ yrs- Mini Minors
_____ yrs- Minors _____ yrs- Majors _____ other

Positions Played: _____

Ever played on an All-Star team? _____yes _____no If yes, number of years? _____

School player is attending: _____

Division to play:
 _____ Little Ladies (K-6yrs) _____ Rookies (7-8yrs) _____ Mini-Minors (9-10yrs)
 _____ Minors (11-12yrs) _____ Majors (13-16yrs)

T-Shirt Size: _____ Youth Sm. _____ Youth Med. _____ Youth Large
 _____ Adult Sm. _____ Adult Med. _____ Adult Large _____ Adult XL

The success of this sports program depends upon volunteers. Without dedicated, enthusiastic and hard working volunteers this league could not exist. Please review the following list and select one or more areas where you can help.

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|-----------------------|----------------------|---|
| ___ Team Manager | ___ Sponsor | ___ Umpire |
| ___ Coach | ___ Scorekeeper | ___ Board Member |
| ___ Team Parent | ___ Committee Member | ___ Concessions (Coordinator or Worker) |
| ___ Field Maintenance | ___ Fund Raising | ___ Any As Needed |

Parent(s)/Guardian(s) Name: _____

I acknowledge that the City of Redding provides no medical coverage for any accidents or injury resulting from this program. I acknowledge that I have read the refund policy.

 Parent/ Guardian Name (Printed) Parent or Guardian Name (Signature) Date