

Season & Year: _____



Birth Certificate: _____

Division:

T - 8 - 10 - 12 - 14

Utility Bill: _____

LEAGUE USE ONLY

Mgr's Daughter Coach's Daughter Catcher Pitcher All Star Sister/Relative

Coach/Mgr Name: _____

Sister/Relative Name: _____

Player's Date of Birth: ____/____/____ Age of Player on December 31, ____ : ____

Ages: **Division:**

4½ to 6 yrs old T-Ball/6U

6 to 8 yrs old 8 & Under

9 & 10 yrs old 10 & Under

11 & 12 yrs old 12 & Under

13 & 14 yrs old 14 & Under

Shirt Size (circle one)	Short Size (circle one)
YS <input type="checkbox"/> - YM <input type="checkbox"/> - YL <input type="checkbox"/> - XYL <input type="checkbox"/>	YS <input type="checkbox"/> - YM <input type="checkbox"/> - YL <input type="checkbox"/> - XYL <input type="checkbox"/>
YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/>	YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/>
YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/> - AXL <input type="checkbox"/>	YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/> - AXL <input type="checkbox"/>
YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/> - AXL <input type="checkbox"/>	YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/> - AXL <input type="checkbox"/>

Preferred Jersey #:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

PLAYER INFO

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Zip Code: _____ Phone #: _____

School: _____ Grade: _____

PARENT INFO

Mother's Name: _____ Phone #: _____

Work Info: _____ Work #: _____

Email Address: _____ Cell #: _____

Father's Name: _____ Phone #: _____

Work Info: _____ Work #: _____

Email Address: _____ Cell #: _____

EMERGENCY CONTACT INFO

(Other than yourself)

Emergency Contact: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

Team Volunteers

I would like to volunteer for the position(s) listed below. I understand this is a request & I may or may not be selected to volunteer. I further understand that an application, background check & fee is required for all selected volunteers & I agree to pay all required fees if selected:

Team Manager Coach Asst. Coach Chaperone Team Mom Team Banner Score Keeper Board Rep.

Parent Authorization

I (we) hereby, give (our) consent for _____ to participate in the Central Orange USA Fastpitch program.

I (we) assume all risk and hazards that are incidental to the conduct of softball activities. I am fully aware that the leagues insurance is only in effect at team practices, games, league/team activities and scheduled events and tournaments.

I fully and completely understand that in case of emergency, every effort will be made to contact me(us) at the number(s) listed on this form. The undersigned parent(s) and or legal guardian(s) of the player, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the civil code in my(our) home state. Consent remains in effect until December 31st of the current year.

Signature of Parent(s): _____ Date: _____

_____ Date: _____

NOTE: Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement Related to Covid-19 Exposure, Covid-19 Liability, and Covid-19 Risk must be completed and attached to this registration form for the players registration to be complete.

Communication Preferences

Central Orange USA Fastpitch offers an Email option for communications from the league.
Please check the box below if you would like to receive email communications from the league.

(Please provide your current & correct email address on the front of this form. If there are two email addresses listed, emails will be sent to both.)



YES, please sign me up for league emails!



PARENT VOLUNTEER REQUIREMENTS & COMMITMENT

Central Orange USA Fastpitch girls softball league is a 100% Non-Profit Organization that operates primarily with Volunteers. Volunteers are utilized to operate all functions & activities of the league. One of the leagues primary activities is fundraising, which is used assist the league pay for daily operations, activities, league functions & daily/periodic expenses. The majority of our expenses are directly related to the players needs & daily operation such as uniforms, player insurance, equipment, fueling costs, fields & facility costs, snack bar supplies, lighting costs, office supplies, first aid...etc. Any remaining expenses are related to keeping our facilities & equipment safe, clean & up to date. Whereas the league registration fees, fundraisers, snack bar sales, & the occasional tournament may essentially cover most of the leagues expenses, the league requires the participation & efforts of its members to effectively operate. Volunteers are always needed so please do your best to volunteer as needed.

Please be aware that by registering your player, you are agreeing to commit to a minimum of Six (6) hours of volunteer service and a minimum of two (2) snack bar shifts to be worked during the course of the season.

The volunteer hours and snack bar shifts will be tracked by each team's Manager. Please note that the Team Manager, Head Coach & Team Mom are exempt from working the volunteer hours & 2 snack bar shifts due to their team responsibilities.

The following is a list of tasks & events that can be worked to satisfy your volunteer hours. Snack bar shifts will be assigned to all parents by Team Manager or designated assistant to the team once teams are formed. Please note that Volunteer hours & Snack Bar shifts are separate activities & the hours are not combined. The 6 Volunteer hours must be worked in addition to the 2 scheduled Snack Bar shifts.

Tasks & Events to expend your Six (6) volunteer hour commitment:

- Field Preparation & Setup. (Field preparation clinics will be held by the league staff on how to properly prepare & setup a field for games, 1 to 2 hours (Additional hours can be earned by assisting with field clinic staff).
- Volunteer to work fundraising events held by the league (see league rep for details regarding these events).
- Volunteer to work during league hosted Tournaments (see league rep for more details, multiple 2 hours per shift usually available).
- Volunteer at any league events, functions or activities that the league needs assistance with (see league rep for details).

IMPORTANT: Team Managers & Coaches must submit to a background check through USA Softball, attend a USA Softball approved coaching clinic & be approved by Central Orange USA Fastpitch prior to any team activities.

By signing below, you fully understand & agree to the following:

- 1. I WILL work Six (6) hours of volunteer time during the current season.**
- 2. I WILL work Two (2) Snack bar shifts (Buy-Out's available, see league/team staff for details).**
- 3. I WILL participate in all league fundraising activities or Buy-Out as offered by the league. (Fundraising is mandatory & a requirement to participate & play for the league).**

THE ONLY WAY THE LEAGUE CAN BE A SUCCESSFUL FOR OUR GIRLS IS TO GET INVOLVED & VOLUNTEER!

REFUND POLICY: A \$50 deposit for 6U & \$60 deposit for 8U through 14U is required upon registration & is non-refundable. The cost of the Full registration must be fully paid before the player is registered or placed on a team. After Player Evaluations are completed & teams are formed there will be NO REFUNDS.

By signing below you agree to follow & accept all sections & aspects of this registration form & the undersigned fully understand & agrees to the Refund Policy stated above.

Signature of Parent(s) / Guardian(s): _____

Date: _____

Date: _____