



Paid: Cash Check # _____

Southwest Softball Association, Inc.

P.O. Box 106, Cortez, CO 81321 Nate Wilkinson 970-570-9846

Players Name _____ Birth Date ____ / ____ / ____ Age as of Dec. 31, 2018 _____

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Mother/Guardian _____ Home # _____ Cell # _____

Father/Guardian _____ Home # _____ Cell # _____

Emergency Contact _____ Relationship _____ Ph# _____

E-mail Address _____

Returning Player? Yes No

If yes, Team _____ Softball experience yrs _____ Put in the draft? Yes No

T-Shirt Size: (Please circle one): Child- S M L Adult - S M L XL

NO PLAYER WILL BE PLACED ON A TEAM UNTIL A REGISTRATION FEE HAS BEEN PAID!

FEES:	BEFORE MARCH 31, 2019	AFTER MARCH 31, 2019
<input type="checkbox"/> 4-6 (T-Ball)	\$40.00	\$50.00
<input type="checkbox"/> 7-18 yr olds	\$80.00	\$90.00

**** REGISTRATION DEADLINE APRIL 13th, 2019 ****

**REQUIRED EQUIPMENT: BATTERS HELMET WITH FACE MASK, GLOVE AND CLEATS (no metal) OR RUNNING SHOES
MUST SHOW STATE ISSUED BIRTH CERTIFICATE BEFORE CHILD CAN PARTICIPATE**

Parent/Guardian consent form/release & authorization for the above named player

As parent or legal guardian, I hereby consent to the participation in any Southwest Softball Association, Inc. activities during the current season. Furthermore, by signing below, I hereby release board members, coaches, volunteers, organizers and participants of Southwest Softball Association, Inc. from all liability resulting from injuries or damages incurred during participation or travel in any athletic or social event sponsored by Southwest Softball Association, Inc. I am aware that participating in the Southwest Softball Association, Inc. involves some risk of injury or death. On behalf of the above player, I am voluntarily participating in these activities with the knowledge of the risk involved and hereby agree to accept any and all risks. The undersigned understands that insurance provided for related injuries occurred through Southwest Softball Association, Inc. sponsored activities is a **secondary policy only**.

In case of emergency, I hereby give my consent to certified emergency personnel (i.e. EMT, First Responder and ER physician) to treat my child. If declined, please ask for a waiver.

As the player and the parent we have read, received and will abide by the player and parent code of conduct.

(Print Parent or Guardian's name) (Signature of Parent or Guardian) _____ / ____ / ____
(Date)

Our organization is based on volunteerism. In what way could you help out?

Coach _____ Assistant Coach _____ Scorekeeper _____ Field Maintenance _____ Fund-raising _____ Concessions _____