



ATHLETIC INITIATIVE FASTPITCH SOFTBALL REGISTRATION FORM

DIVISION:	<input type="checkbox"/> 8U \$135	<input type="checkbox"/> 10U \$135	<input type="checkbox"/> 12U \$135
Player:	Birth Date:		Age on 12/31/16:
Street:	City:	Zip:	
Main Phone #:	Email:		
Parent/Guardian Name:	Phone:		
Parent/Guardian Name:	Phone:		
Email:			
New Player	<input type="checkbox"/> Returning Player	<input type="checkbox"/> Sibling	<input type="checkbox"/> School:
<i>Sibling discount \$25 for add. players</i>		Allergies:	
Shirt Size (circle one) ADULT small medium large xlarge			
Restrictions(ifany): <i>YOUTH</i> small medium large xlarge			

Your league needs you!! Can you volunteer for any of the following? (Check all that apply)

- Manager
- Coach
- Team Sponsor
- Team Parent
- Scorekeeper
- Snack bar stocking
- Field Prep

I, the parent or legal guardian of the above registered child, hereby give approval for his/her participation in any and all activities of AI Fastpitch during the current season. I hereby release and hold harmless from any and all liability or claims for damage or injury to person or property of the named child arising from or due to participation in said activity of any act or omission caused by Athletic Initiative organizers, supervisors, volunteers, participants, or conditions of the property. I likewise release from any responsibility any person transporting my child/children to or from any of their activities. More specifically, I understand that participation in sports activity entails risk of personal injury and I knowingly assume risk in consideration of the opportunity to participate in the program. It is mandatory that Athletic Initiative have a signed authorization for emergency medical treatment for your child and your clearance that the player is in satisfactory physical condition to participate in these activities.

In the event of an injury or sickness during the course of league activities, I authorize officials of AI to administer first aid and if necessary to transport my child to a duly licensed physician or hospital. I would prefer the physician listed below to be called; however if or when it is not possible, I authorize any licensed physician to administer emergency treatment

Signature of Parent or Legal Guardian: _____ **Date:** _____

Preferred Physician or Hospital: _____ **City:** _____ **Phone:** _____

If your child has a medical condition that you wish brought to the attention of the manager or coach, such that they will be aware of any potential symptoms and the appropriate response please here: _____

Emergency Contact Info

Contact Name: _____ Phone: _____ Relationship: _____

I understand Athletic Initiative is a 501(c)3 non-profit. I will do my part to contribute to the AI fundraising efforts by participating in 1 or more fundraisers during the season and raising at least \$50 to benefit the league. I understand I have the option to bypass the fundraising efforts by contributing a \$30 buyout donation myself. _____ initial here

Equipment Return and Post Season Agreement

I further agree to return at the end of the season any equipment issued to my child in as good of condition as when received, except for normal wear and tear. I agree to pay for any equipment not returned at the procurement cost listed with AI League.

AI LEAGUE USE ONLY Checked by _____ Date _____ All Star Eligible _____ Parent Code Conduct _____
League Age _____ BC checked _____ Amount PD _____ Check # _____ Cash _____