

Travel Softball

This program is for girls only
All Age Groups

DUBLIN YOUTH ATHLETICS
4285 W. Dublin Granville Road
Dublin, Ohio 43017
2012 SOFTBALL SIGN-UP SHEET

For Office Use
Date Rec'd
Amt Paid
Check #

Player's Name **PLEASE PRINT CLEARLY**

First

Last

Player's Address

Number

Street

Zip

Player's Phone

Team for 2012 season:
(Circle one)

U10

U12

U14

E-Mail Address _____ (for coach's use only)

Gender M / F
(circle one)

Birthdate

M	M	D	D	Y	Y

Dublin City S.D. School (See note below) _____ Current Grade (2011-2012) _____
(Please show Dublin School District School you attend or would attend; Please DO NOT list private schools, parochial schools, etc.
Players must attend Dublin City Schools, live within the Dublin School District, or live in the City of Dublin to be eligible.)

Father's/Guardian's Name _____ Work Phone _____

Mother's/Guardian's Name _____ Work Phone _____

Other phone number for contact or emergencies _____

DYA is a volunteer organization. Please volunteer to help make this and other DYA programs possible for your child by checking one of the participation boxes.

Coach:
Assistant Coach:

Umpire:

Evaluator at Travel Softball Team tryouts:
Evaluator at Travel Basketball Team tryouts:

Serve on Board of Directors Staff Tables at Sign-Ups

Help with Office paperwork

I understand that our travel softball team is responsible for funding its own expenses (league fees, tournament fees, uniforms, umpires, insurance, equipment, etc.) I also understand that the application fee is not designed to cover all of our team's expenses and that I may be called upon to help with fundraising activities to offset expenses which exceed the total application fees for our team.

Signature of Parent or Guardian _____ Date _____

FEE = \$225.00

Make check payable to DYA or DUBLIN YOUTH ATHLETICS

Liability Release and Medical Disclosure

In consideration of Dublin Youth Athletics providing a softball program the undersigned, individually and as parent or legal guardian, does release, indemnify, and discharge Dublin Youth Athletics, Inc., its officers, directors, coaches, and appointees from any and all claims, liabilities, and damages related to bodily injury or sickness and property damage sustained by the above child resulting from his/her participation, practice, play, or travel to and from play or practice in the DYA softball program.

Furthermore, I agree to advise my child's coach at the beginning of the season of any and all medical conditions that may affect my child's participation in the DYA travel softball program. However, I am responsible to be at practices and games if his/her special condition requires it.

Signature of Parent or Guardian _____ Date _____