![C:\Users\Steffanie Agler\AppData\Local\Microsoft\Windows\INetCache\IE\YJTHJX3G\220_F_208007410_BPxqXAiLIIwK8JEMEO821duqDtlNdcFe[1].jpg]()**Van Wert Fast Pitch Softball 2023 Registration**

**Farmette** - Maximum age 10 (Cannot be 11 by July 1, 2023)

 **Buckeye**- Maximum age 12 (Cannot be 13 by January 1, 2023)

 **Pony League**– Maximum age 15 (Cannot be 16 by January 1, 2023)

 Has player previously played softball YES NO

Interested In Coaching

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has player been a Pitcher YES INTERESTED

 Has player been a Catcher YES INTERESTED

***Registration Fees:*** $40.00 per player ***Checks payable to:*** Van Wert Fast Pitch

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Age at Cutoff\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fathers Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Other than parents) Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle shirt size: Youth Sizes: S M L Adult sizes: S M L XL XXL XXXL

 I/we give consent for my child to be photographed for the use Van Wert Fast Pitch

 I/we DO NOT give consent for my child to be photographed for the use Van Wert Fast Pitch

I/we understand and agree that while participating in such activities there are certain risks that can and do result in injuries.

I/we agree to release Van Wert Fast Pitch, any and all volunteers, participants and persons transporting my child to and from activities from all claims resulting from any and all injury to my child.

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **REGISTRATION DEADLINE IS FRIDAY APRIL 7th!!!**

**Completed registration forms can be turned in by:**

**Drop off** at Van Wert Parks Jubilee Office located at 137 Gleason in Van Wert

**In person** registration at Jubilee Park Office on March 15th, 20th, & 27th from 6-8 p.m.

 **Mail to** P.O. Box 946 Van Wert, Ohio 45891