



# BABE RUTH SOFTBALL REGISTRATION FORM



NOTTINGHAM YOUTH ASSOCIATION, INC.  
PO BOX 98, NOTTINGHAM, NH 03290-0098  
[www.nottingham-nya.org](http://www.nottingham-nya.org)

Softball

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## Registration Form

**PLEASE PRINT FIRMLY AND LEGIBLY**

Player's Last Name		First Name		<input type="checkbox"/> M	<input type="checkbox"/> F	Age On 12/31/2009
Player's Street Address						DOB
Player's Mailing Address						Phone
Mother's Name	Home #	Cell #	Email			
Father's Name	Home #	Cell #	Email			

**Person to Notify in an Emergency** \_\_\_\_\_ **Phone #** \_\_\_\_\_

I/We, the parent/guardian of the above named candidate for a position on a Nottingham Youth Association Inc. team, hereby give my/our approval to participate in any and all Nottingham Youth Association Inc. activities, including transportation to and from the activities. I know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve indemnify and agree to hold harmless Nottingham Youth Association Inc., Lamprey River Babe Ruth Softball, Babe Ruth Softball, Inc, The Town of Nottingham, Nottingham School District, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities from any claim arising out of any injury to my child whether the result of negligence or any other cause. I agree to return upon request the uniform and other equipment issued to my child in as good a condition as when received except for normal wear and tear. I will furnish a birth certificate to the above named candidate to League Officials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **MEDICAL (MINOR) TREATMENT CONSENT**

In case of emergency, if the family physician or dentist cannot be reached, I hereby authorize the above named player to be treated by another qualified, licensed physician or dentist who is available.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

List any problems or medical conditions the player has \_\_\_\_\_

### **Please Circle Desired Level of Play (all levels require a skill evaluation)**

- 14U                      Ages 13-14 (age on 12/31/09)    **Note: 14U Season begins in June following school softball season**
- 12U                      Ages 11-12 (age on 12/31/09)
- 10U                      Ages 9-10 (age on 12/31/09)
- 8U (coach-pitch)    Ages 7-8 (age on 12/31/09)

### **PARENTAL SUPPORT**

The NYA is an all-volunteer organization; consequently, participation is expected of ALL parents.

**Please indicate how you will contribute to your child's team below:**

- Team Manager    Assistant Coach    Umpire    Team Parent    Field Maintenance    Concessions    Sponsor

### **PROGRAM FEES**

8U	10U	12U	1 Child: \$50	2 Children: \$75	3 Or More Children: \$100	<b>Late Fee (After 3/1/10): \$10 Per Child</b>
	14U		\$75 per child*	(No multi-plaver discount)		<b>Late Fee (After 3/1/10): \$10 Per Child</b>

\*The 14U level of softball carries the additional cost of **paid umpires**; consequently, the cost to run this program is higher than the lower level programs.

**LEAGUE USE ONLY:**    Check or Money Order # \_\_\_\_\_    Player Registration Fee \$ \_\_\_\_\_    Late Fee\$ \_\_\_\_\_