



**2017 GIRLS SOFTBALL REGISTRATION  
\$40.00 PER GIRL/ \$20.00 FOR EACH ADD'L FAMILY MEMBER**

**REGISTRATIONS ARE DUE NO LATER THAN FRIDAY, MARCH 24, 2017!  
PARENT/TEAM MEET & GREET MARCH 28<sup>th</sup> AT THE FIRE STATION IN LEAD AT 6:00 PM.  
Meet your Coaches & Teammates – Get your Practice Schedules & Uniforms! Softball Attire  
will be available to order!  
Cookies & Drinks for those who attend!**

Name:	Address:
Age as of January 1, 2017:	Date of Birth:
Mother's Name:	Father's Name:
Phone/Cell #:	Phone/Cell #
Email:	Email:
Best # to Contact In Case of Schedule Changes:	Has your Daughter Played Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Coaches Name:
JERSEY SIZES: (Check One)  CHILD: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large ADULT: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	PANT SIZES: (Check One)  CHILD: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large ADULT: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
Any Special Medical Concerns:	<b>***REGISTRATIONS AND PAYMENT DUE BY: March 24, 2017</b>  Checks Payable & Mailed to: Lead-Deadwood Softball Association 62 1st Street Lead, SD 57754

IF YOU HAVE ANY QUESTIONS PLEASE CALL: **JOHN RYSTROM 920-1001**

AS A PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GIVE CONSENT FOR EMERGENCY CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. CARE MAY BE GIVEN UNDER THE CONDITIONS THAT ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF MY DEPENDENT. **RELEASE OF LIABILITY:** RECOGNIZING THE PHYSICAL NATURE, CONDITIONS AND CIRCUMSTANCES INHERENT IN THE SPORT OF SOFTBALL. THE UNDERSIGNED AGREE TO WAIVE ANY CLAIMS RESULTING FROM INJURY DUE TO PARTICIPATION IN ANY FORM AGAINST THE LEAD-DEADWOOD GIRLS SOFTBALL ASSOCIATION OR COACHES.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

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