Long Island Greyhound Softball, Inc. Team Try Out 2009 – 10

WWW.LIGREYHOUNDSOFTBALL.ORG LIGREYHOUNDS@OPTONLINE.NET 516.647.1482

Try out for: 10u & 12u *2009 - 2010 Season*

Required form: All players must complete this registration form which MUST be signed by a parent or guardian. A $10 try out fee is required. You may pay by cash or check made payable to: ***Long Island Greyhound Softball, Inc.***

Eligibility: ***10u Team:*** All players must be no older than 10yrs. old by 01/01/10

12u Team: All players must be no older than 12yrs. old by 01/01/10

If you are selected for the Team, you *must submit* a completed registration form including full *non-refundable payment for the 2009-10 Season. Payment plan available.

Games and Practices: All players are expected to attend all team practices and scheduled games. Please do not consider joining team if you are not serious about playing softball. It is not fair to the other players. Practices will be a combination of indoor and outdoor depending on the weather . 100% focus should be on your travel team commitment. We will attempt to schedule games around school ball for those players who are eligible in their school district.

*These are budgeted games/tournaments. Each team can increase and will be responsible for funding additional activities. Fundraising is an obligation of each player and their parents.

Uniforms Registration includes a complete uniform (does not include cleats), bat bag, helmet, sweatshirt, sliders and practice shirt. Returning players need not purchase a new uniform unless you choose to. **NO REFUNDS Once your con-*

Player Name:		
Age:	**Birthdate:**	**Grade in Sept 09:**
Address:		
City:	**St:**	**Zip:**
Print clearly. We frequently contact players by email. **Email address:**		**Cell Phone:**
Day Phone:		**Evening Phone:**
Trying out for: 10u	**12u**	
Positions you are interested in playing in preference order.		
List softball teams you previously played for:		
What other sports do you participate in during the year?		
Other comments:		

1. I/We, the parents/guardians of the above named candidate for a position on the Long Island Greyhounds Softball team, hereby give my/our approval to participate in any and all team designated activities including transportation to and from the activities when required.
2. I/We know that participation in 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 the team/league, organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether he result of negligence or for any other cause.
3. I/We agree to notify the coach prior to try out of any medical condition or allergy my child may have.
4. I/We agree to provide proof of legal residence and age. I/We understand that our child must be eligible under the residence and age regulations (as defined by the ASA), to participate in this Local Team, and that if any controversy arises regarding residence and/or age, the decision of the ASA shall be final and binding. I/We further understand that if any participant on this team does not qualify for participation based on residence and/or age (as defined by the ASA), such participant and/or team on which she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the ASA or team committee.
5. I/We will furnish a certified birth certificate of the above-named candidate to Team Officials.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____ **Relationship to applicant:**