



# Cabot Softball Association



Scott Steely  
743-9704

## 2010 Spring Registration

Shannon Lynn  
605-9704

Registration ends February 2, 2010

There will be a \$10.00 late fee added after this date.

Please print

**COPY OF BIRTH CERTIFICATE MUST BE PROVIDED**

Players Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age before 12-31-09 \_\_\_\_\_

Parents' or Legal Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name Phone # \_\_\_\_\_

**All new players or players NOT returning to their Spring 2009 team must enter the draft:**

If you are returning to the same team enter coaches name: \_\_\_\_\_

**Teams may have to travel to surrounding parks to play games:**

**What to expect?**

6U COACH PITCH FEE \$65.00		
8U MACHINE PITCH FEE \$65.00		
10U MACHINE PITCH FEE \$65.00		
12U MACHINE PITCH FEE \$65.00		
14U & UP FAST PITCH FEE \$65.00	Player Pitch	

Practice will start the last week in February and, depending on the coach, may practice at least 2 times a week. League games are from mid-April to mid-June.

We offer a \$5.00 sibling discount.

**Coaches needed!!!** Potential coaches should be available at least four hours a week and attend two mandatory meetings. If you would like information about coaching please contact Scott Steely (501) 743-9704 or Shannon Lynn (501) 605-9704.

### Tournament Teams:

The Cabot Softball Association, as well as surrounding towns and parks, regularly host weekend tournaments. These are outside the scope of league play. You and your coaches have the option to play in these if you like. If you are specifically looking to place your daughter on a competitive travel team, we will pass your name along to Cabot coaches that are looking for players. These coaches hold their own tryouts.

### PLEASE READ THE FOLLOWING AND SIGN BELOW:

We understand that this program is administered by the **VOLUNTEERS** of the Cabot Softball Association, Inc. (**CSA**) by way of OFFICERS, the EXECUTIVE BOARD, and a Coach representing each age group. Secondary ACCIDENT INSURANCE will be provided for each PLAYER and COACH through our program while participating in practices and games. I, the PARENT / GUARDIAN of the registrant for this softball program, hereby release, discharge and /or otherwise indemnify the CSA and its affiliated organization and sponsors against any claim by or on the behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. As the PARENT / GUARDIAN of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed DOCTOR of MEDICINE or DOCTOR of DENTISTRY. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

**COPY OF BIRTH CERTIFICATE MUST BE PROVIDED**

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

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ SIBLING DISCOUNT \_\_\_\_\_

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ NAME ON CHECK \_\_\_\_\_