

Starksboro Sports Program - Softball Sign-Up Sheet

Team (Circle)	Practice Start Date and Time / Coaches / Games
Softball Majors	___/___/___ Practice ___/___ :__-__:___. Coaches: _____
Softball Minors	___/___/___ Practice ___/___ :__-__:___. Coaches: _____
T-Ball	___/___/___ Practice ___/___ :__-__:___. Coaches: _____

Cost \$__.00 for one child / \$__.00 for two or more children. Checks made payable to *Starksboro Sports Program*. Bring form and payment to first practice. Scholarship money is available.

Each child will receive a game day uniform to be returned. Please have your child bring the following for practices and games: Uniform or practice shirt, shorts or sweat pants, sneakers or cleats and a water bottle.

Whereas, the undersigned parent/guardian/adult having custody of the minor child registered, being fully aware of the nature of the risk inherent, hereby consent to participation in the program offered by the Starksboro Sports Program, and hereby release and agree to hold harmless Starksboro Sports Program and any of its officers, coaches, sponsors, referees, volunteers, and co-players from any and all liability for injuries, claims demands, costs, loss of services, expenses and damages which may be sustained by me or us or our minor child on account of his/her participation in said program and associated activities and events including transportation to and from events. In lieu of a parent/guardian being present, local rescue will be called when medical care seems apparent and needed.

Child's Name: _____ Shirt Size: _____

Medical Concerns: _____

Parent / Guardian Name: _____

Signature: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Emergency Contact: _____

Daytime Phone: _____ Evening Phone: _____

Information, Schedules, Coaches Blog at www.starksboro.org/sports.asp