



GREENWAVE YOUTH SOFTBALL CLUB

1219 BROOKSIDE DRIVE, NEWARK, OH 43055

MATT CAUDILL, COMMISSIONER



ALL Registrations Due by February 16, 2019

GYSC Use Only

7- and 8-year old (8U)	_____	11- and 12-year-old (12U)	_____
9- and 10-year-old (10U)	_____	13- and 14-year-old (14U)	_____

Player Information

Name: _____ Birth Date: _____

Address: _____ Age on January 1, 2019: _____

City: _____ Number of Seasons Played: _____

Home Phone: _____ Current School & Grade: _____

E-mail Address(es): _____

If you do not attend Blessed Sacrament or St. Francis schools, list the Catholic church you attend: _____

Jersey Size (circle one – confirm once tried on): YS YM YL YXL AS AM AL AXL A2XL

Father's/Guardian's Name and Cell Phone: _____

Mother's/Guardian's Name and Cell Phone: _____

Medical and Emergency Contact Information

Doctor's Name: _____ Phone: _____

IN THE EVENT OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT YOU AFTER REASONABLE ATTEMPTS, WOULD YOU LIKE US TO CALL SOMEONE ELSE? (Y/N) _____

Emergency Contact Name/Relationship/Phone #s: _____

Special Comments or Considerations: _____

We, the parents/legal guardians of the above-named child, hereby give our approval for her to participate in the GreenWave Youth Softball Club (GYSC) for the 2019 summer season. In consideration of the training, direction, and supervision, we hereby agree to assume all risks and hazards/incidental to such participation in such program, including, but not limited to: transportation to and from activities, injuries suffered in the normal course of playing the game, or during practice; and we hereby indemnify, agree to hold harmless, and covenant not to sue the local association and organization, sponsor, supervisor, their agents, staff, coaches, and assistants, and any and all other persons, transporting said child, except to the extent and in the amount covered by accident or liability insurance, if any. We agree to return upon request any equipment issued to said girl in as good a condition as when received except for normal wear and tear. We will furnish a birth certificate if requested by league officials.

We agree to pay the following player fee: \$70.00 for one child; \$125.00 for two children; or \$150.00 for three or more children. (Children must be related and live in the same household to receive a discounted rate.) **Checks should be made payable to “GreenWave Youth Softball Club” or “GYSC”. Cash will also be accepted in person, but not by mail.** We understand that player fees are to be used for items including but not limited to: team and tournament fees, uniforms, equipment purchases, umpire fees, concessions, etc. We hereby acknowledge having read this agreement in full, and recognize the provisions limiting liability, and understand the ramification thereof. We agree to all of the above for ourselves individually and as parents or legal guardians of the above-named child.

NO REFUNDS after March 4, 2019. Late sign-ups are NOT guaranteed to be placed on a team.

Parent/Guardian

Parent/Guardian

For more information or with questions, call GYSC Commissioner Matt Caudill at (614) 378-9994.

*** EVALUATION DAY @ NCHS – February 16, 2019 ***

- 8U – Arrive at 2:30pm; evaluation 3:00-4:30pm.
- 10U – Arrive at 4:00pm; evaluation 4:30-6:00pm.
- 12U – Arrive at 5:30pm; evaluation 6:00-7:30pm.
- 14U **will not** be evaluated on this day; however, jersey fitting will take place between 3:00-6:00pm.

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2019 Fee Paid: Cash \$ _____ Check # _____ Date/Time Signed Up _____
Registration # _____