

**Lakes of the Four Seasons Girl's Softball Association
2010 Season**

WAIVER OF LIABILITY AND PERMISSION TO PARTICIPATE

I hereby agree that the Lakes of the Four Seasons POA, Girls Softball League, managers and/or coaches will not be held responsible for any injury incurred while participating in the LOFS Girls Softball Association.

I have also been made aware that my child, participating in the sales of fundraising candy, is responsible for the collection of money from sales and indebted to the LOFS Girls Softball League for the full amount, if applicable.

I am being advised at this time the LOFS Girls Softball Association has an internet site, which posts team information, rankings, player's information, and other related "limited information." The South Lake County Crosstown Association, along with other leagues which LOFS Girls Softball may be involved with, also maintain websites that may contain similar likenesses and limited information on my child. I hereby give permission for my child's picture or likeness and information to be allowed on the websites, to be used in a tasteful and respectable manner. I also have the right for my child's picture and/or information to be removed immediately from the website upon providing a written request to the LOFS Girls Softball Executive Board.

I understand that insurance carried by the Lakes of the Four Seasons Girls Softball League, as required by the NSA, is strictly supplemental. I, as parent or legal guardian, am responsible to provide primary carrier coverage for my own child.

Having read the above information and having full understanding of its intent and meaning, I hereby agree to the above and give permission for my child,

to participate in the LOFS Girls Softball program, and I, as a parent or guardian, accept Full Responsibility.

Parent/Guardian Signature: _____

Date: _____

Phone # _____

Registration Board member Witness Signature:

Date:

**Lakes of the Four Seasons Girls Softball
2010 Player Registration Form**

Player's Name: _____ Home Phone: _____

Address: _____

Player's Birthdate: _____ Age as of January 1, 2010 _____

New Player to LOFS _____ Returning Player to LOFS _____

Played Before: _____ If Yes, Where: _____

Mom's Name _____ Dad's Name: _____

Parent Work Phone _____ Parent Cell Phone _____

Parent's E-Mail Address: _____

Player's Shirt Size: Youth S M L XL Adult S M L XL XXL

Player's Short Size: Youth S M L XL Adult S M L XL

Player's Shoe Size: Child _____ Adult _____ Player's Sock Size: _____

Player's Previous position(s) Played: _____

Any specialized softball training received? Yes No Currently? Yes No

Please list any additional activities the player may have which would interfere with practice/games:

Player's medical limitations or concerns (if applicable): _____

Parents: If you are interested in becoming involved in any of the following, please check and give your name and contact number to be reached at:

**Team Manager _____ ** Asst Coach _____ ** Team Mom _____ ** Other _____

Parent(s) Name _____ Phone# _____

**NOTE: If you are interested in coaching, please complete a coaching application and read the coaching guidelines.

PAYMENT

CASH: \$ _____ CANDY _____ (no.boxes)

CHECK: \$ _____ CHECK # _____

Lakes of the Four Seasons Girl's Softball **2010 All-Stars Information and Waiver to Play**

TO PARENTS

During the course of the LOFS Girl's Softball season, 8U, 10U, 12U, 14U and 17U players MAY become eligible for the LOFS Girls Softball All Star teams. This is accomplished through hard work, dedication of the player (attendance, attitude, etc) and performance. IF, at the time for All Star Nominations, you want your child to be considered, please specify below. Also, please remember that whatever level of play your child plays in during the regular season is the level of all Star play they will be considered for (ex. a U8 player will be eligible for U8 All Star consideration). **There will be no playing up or down a level.**

If your child is nominated and chosen for All Star play, please remember that All Stars is a higher intensity playing level, requiring more mandatory practice time, player and parent participation, and dedication. No special arrangements will be made for any player. If the player makes All-stars, they are expected to be at practice and tournaments. There is a possible maximum of three tournaments that LOFS regularly participates in, as well as other tournaments that the All Star Manager may be interested in playing. The All Star managers are determined and approved by the LOFS Board. The All Star Managers will be chosen and approved by the LOFS Girl's Softball Board.

To offset costs for the additional uniforms and tournament fees, **an additional start-up fee of \$50.00 per player** will be collected (if more tournaments are decided on to play by the team, additional tournament fee money may be needed). Any parent owning a business, or other business sponsors or private sponsors are more than welcome to donate to All Stars. Any donations of this sort will be acknowledged on a banner to be displayed at the tournament sites.

I, (Parent name printed) _____ approve for my child,

(Name printed) _____ **to be considered** for All Star Play.

I understand the additional practice times and traveling to tournament sites and extra fees associated with LOFS Girl's softball All Stars, and will abide by the requirements should my child be picked to play All-stars.

Parent Signature: _____

Date: _____

LOFS Board Member Signature: _____

****Attach to Original Signup sheet****

Lakes of the Four Seasons Girl's Softball
2010 Receipt of Fundraiser Candy

I have received _____ boxes of Fundraiser Candy for the 2010 LOFS Girls Softball season on this date _____. I understand that I am responsible for the sale of the candy in full, and I am required to turn in the profits of such sale (\$52.00 per box) to my child's team manager (when known) on or before April 1, 2010. No candy returned due to lack of sale will be accepted.

*****NOTE***** IF the candy money is NOT turned in by April 1, 2010, **an additional MONTHLY FEE of \$10.00 per month (not to exceed \$40.00) will be added to the owed money. IF NOT PAID** by the end of the season, the player will NOT be allowed to play in the league after the season until the money is turned in!!!

THIS WILL BE STRICTLY ENFORCED!!!

Player's Name: _____ **Age Level:** U _____

Parent Signature: _____ **Date:** _____

Parent Printed Name: _____

TOTAL Boxes of Candy Received: _____

TOTAL Amount Owed: _____ (**\$52.00 per box**)

LOFS Board Member Signature: _____

TEAM MANAGER (once determined): _____