

**Lakes of the Four Seasons Girls Softball
2012 Player Registration Form**

Player's Name: _____ Home Phone: _____

Address: _____

Player's Birthdate: _____ Age as of January 1, 2012 _____

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 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: \$ _____

CHECK: \$ _____ CHECK # _____