



Little Miami Fastpitch 2012 Registration

Girls Fastpitch Softball from ages 5 to High School

Visit www.lmfastpitch.org for more information

email: marcgrake@lmfastpitch.org or bryanhall@lmfastpitch.org

phone: 513-404-8459 or 513-328-4375

Registration Opportunities

In Person: Fellowship Baptist Church January 26, 2012 February 2, 2012 6:30-8:00 p.m.	Late Sign-up: \$25.00 additional fee for late sign-up Registrations received after February 2, 2012 are not guaranteed placement on a team, and may be placed on the waiting list.	Fee: \$100 for one player \$180 for two siblings \$255 for 3 or more siblings NO REFUNDS AFTER 02-29-12
---	--	---

Make checks payable to Little Miami Fastpitch

Date of Registration:

Player First Name		Player Last Name			Date of Birth		Grade		School Attending								
Mother		Father			Additional Contact												
Address																	
City		State	Zip	Primary Phone			Secondary Phone		Player Experience (yrs Played)								
		OH															
Primary Email				Secondary Email				Additional Contact Information									
Uniform Sizing		Requested Jersey Number		Jersey Size						Short Size							
				YS	YM	YL	AS	AM	AL	AXL	YS	YM	YL	AS	AM	AL	AXL

ARE YOU PRESENTLY ROSTERED ON A SOFTBALL SELECT/TRAVEL TEAM? YES OR NO IF YES, WHAT ORGANIZATION AND COACH: _____

COACH LAST SEASON (IF PLAYED IN 2011): _____ DO YOU WANT TO STAY WITH COACH? YES OR NO

DO YOU WISH SIBLINGS TO PLAY ON THE SAME TEAM? YES OR NO IF YES, SIBLING'S NAME: _____
 (SIBLINGS MUST BE ABLE TO PARTICIPATE IN SAME AGE DIVISION. YOUNGER PLAYERS CAN PLAY IN AN UPPER DIVISION.)

COACHING:

NAME OF PERSON VOLUNTEERING TO COACH: _____ HEAD COACH OR ASST. COACH (CIRCLE)
 IF VOLUNTEERING FOR HEAD COACH, PLEASE GIVE NAME OF PREFERRED ASSISTANT COACH (ONLY ONE, PLEASE): _____

VOLUNTEER:

FIELD MAINTENANCE: _____ UMPIRE: _____ SPONSOR COORDINATION: _____ GOLF OUTING: _____

SPONSOR: PLEASE FILL OUT SPONSOR INFORMATION FORM (AVAILABLE AT SIGNUP OR THE WEBSITE)

DO YOU WISH TO SPONSOR A TEAM? YES: _____ NO: _____

SPONSOR NAME: _____ PHONE: _____

MEDICAL: PLEASE EXPLAIN ANY MEDICAL CONDITIONS: _____

WE HEREBY AGREE THAT LITTLE MIAMI FASTPITCH, ITS MEMBERS, COACHES, OFFICERS, OR FACILITY OWNERS WHERE MY CHILD PARTICIPATES SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF LITTLE MIAMI FASTPITCH OR THE SOUTHERN OHIO GIRLS FASTPITCH SOFTBALL ASSOCIATION AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR GAURDIAN SIGNATURE _____

Date _____

LM Fastpitch Use

Received By: _____ Payment Method: _____ Check Number: _____ Amount: _____