Versailles Summer Softball Registration Form

Player Information:

Name: _____

Parent/Guardian _____

Email: _____

Date of birth: _____

Address: _____

_____ MO

Day time phone: _____

Cell phone: _____

Do you have more than one child playing: yes no

if yes, please list here

Jersey size: yth sm yth med yth lg asm amed alg axl axxl

Registration type: my child is currenty in

3rd grade 4th grade

5th grade 6th grade

7th grade 8th grade

9th grade

Are you, or anyone you know, interested in coaching? yes no

Age group 3rd and 4th 5th and 6th 7th, 8th, and 9th

Registration fee:

$40.00 paid chk cash

Release form: I, _____ PARENT OR GUARDIAN OF _____

give my permission for her to practice and play softball. I hereby release the city of Versailles, The Versailles Park Board, and the coaches of any medical ressponsibility.

SIGNED _____ Date _____

Make checks payable to City of Versailles

David Vogt 573-539-5853

Ryan Marriott 573-569-1188