



Cedar Cliff Youth Softball

2020 Fall Registration

PO Box 253, New Cumberland, PA 17070

www.cedarcliffysa.com



Player Information:

Last Name: _____ First Name: _____

Birth Date: _____ Current Grade: _____ Current School: _____

Allergies: _____

Address: _____

Guardians Name(s) : _____ Relationship : _____

Email Address(es) : _____

Home Phone: _____ Cell Phone(s): _____

Insurance: _____ Policy Holder: _____ Policy #: _____

Division (Check one): T-Shirt Fall Registration

6U (Ages 5-6) Reg. Fee: \$25.00

8U (Ages 7-8) Reg. Fee: \$25.00

10U (Ages 9-10) Reg. Fee: \$50.00

12U (Ages 11-12) Reg. Fee: \$75.00

14U (Ages 13-14) Reg. Fee: \$75.00

16U (Ages 15-16) Reg. Fee: \$75.00

T-Shirt:

Shirt Size (Circle One):

YS YM YL AS AM AL AXL

Please make checks payable to CCYSA

All teams are subject to league and player availability. Placement of players and formation of teams will be determined by the number of registrations received in all age groups. CCYSA reserves the right to make player placements to balance the teams.

Volunteer? (Please Check One)

Head Coach Asst. Coach Team Manager

Concessions Field Maintenance

I/We the parents or guardians of the above-named player who is a candidate for a position on a girls' softball team hereby give my/our consent and approval to her participation in any and all activities of Cedar Cliff Youth Softball Association during the specified season. I/We further release, absolve, indemnify, and hold harmless the organizers and sponsors and hereby waive all claim against any person transporting my/our daughter to/from CCYSA activities. I/We will furnish a copy of a certified birth certificate of the above-named player upon request. I/We certify that my/our daughter is in good health and is physically able to participate on a softball team in CCYSA.

AND

I the parent/guardian of the below named candidate hereby give my approval for her participation in any and all activities. I assume all the risks and hazards incidental to such participation including transportation to and from activities. And, I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Cedar Cliff Youth Softball Association, the organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause, except to the extent and amount covered by accident or liability insurance.

Medical Release

I hereby appoint my daughter's/dependent's Head or acting Head Coach of the Cedar Cliff Youth Softball Association, Inc as my representative for the purpose of authorizing and obtaining hospital care and/or medical care and treatment for the below named candidate for any illness or injury that may occur while playing/practicing softball.

Photo Release

I/We grant to Cedar Cliff Youth Softball Association, the right to take photographs the above-named player, in connection with all activities that are associated with the CCYSA. I authorize the Cedar Cliff Youth Softball Association, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Cedar Cliff Youth Softball Association may use such photographs of my child with or without her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Player's Code

I will do my best to follow and uphold the Cedar Cliff Youth Softball Association's Player's Code of Conduct this season. I will strive to make my participation in the Cedar Cliff Youth Softball Association be an enjoyable and positive experience for my coaches, teammates and parents. I will remember that softball is a game and above all, Cedar Cliff Youth Softball Association players should all learn the game in a fun environment.

I have read and understand the above statements as they apply.

Signature of Parent(s)/Guardian(s): _____ Date _____

Print Name(s) of Parent(s)/Guardian(s): _____