



Tallahassee Fast Pitch Softball Association, Inc Registration Form

\$45.00 Registration Fee

LEAD OFF LEAGUE (ages 8-10)

This league will be limited to the first 48 players who register.

Player's: Last Name _____ First Name _____

Date OF Birth _____ **Attach copy of proof of DOB** _____ Age _____ Phone _____

Address _____ City, State Zip _____

School _____ Grade _____

Parent/ Guardian's Name _____ Parent/ Guardian's Name _____

Address (If different than Player) _____ Address (If different than Player) _____

City State Zip _____ City State Zip _____

Home Phone / Cell Phone _____ Home Phone / Cell Phone _____

Email _____ Email _____

Will You Be Pitching This Season? YES NO Will You Be Catching This Season? YES NO

List prior fastpitch experience (travel, school, lessons, etc): _____

Shirt Size: (circle one) Y-MED Y-LARGE Y-XL A-SMALL A-MED A-LARGE A-XL
Jersey # 1st Choice _____ 2nd Choice _____ 3rd Choice _____

- I would Be Interested in Coaching A Team.
- I Would Be Interested in Assisting A Coach.
- I Would Like To Sponsor A Team (\$350)

NAME (Print) _____ PHONE # _____

It is agreed by the signature below that in the event my child is disabled, injured or incurs disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the Tallahassee Fast Pitch Softball Association, Inc., City of Tallahassee, coaches, Parks & Recreation Department, and Staff. I certify and take full responsibility of the above information being current to the best of my knowledge. I agree that any equipment provided by TFPSA will be returned to the coach or board at the completion of the season. I also acknowledge that in the event my child does not play the entire season, my registration fee will not be refunded if she quits after the teams have been drafted. The Board has the right to refuse registrations from players who have previously been noncompliant with TFPSA rules and guidelines or who have negatively impacted TFPSA's ability to properly and successfully maintain their fastpitch softball program.

Parent/ Guardian Signature: _____

For additional information: Visit our Website at www.tfpsa.com

MAIL FORMS TO: TFPSA P.O. Box 14812 Tallahassee, FL 32317

FORM MUST BE POSTMARKED BY AUGUST 15, 2018

After this date, a \$5 late fee will be assessed

League Use Only: FEE PAID? YES NO COPY OF BIRTH YES NO

Make Checks Payable to: TFPSA

CERTIFICATE?

***Registration is not considered complete until Registration Form, Fee, and Copy of Birth Certificate are received**