

2010 Wahoo Diamond Sports Association Softball Registration
PLEASE RETURN THIS FORM TO: WDSA c/o Tami Coffey
2587 Fox Run Fremont, NE 68025
Due August 6, 2009 (Pool Party) - Payment Due January 31, 2010

NAME OF PLAYER _____ DATE OF BIRTH _____ AGE AS OF JAN 1, 2010 _____
 ADDRESS _____ CITY _____ ZIP CODE _____
 PARENT OR GUARDIAN _____ TEAM PLAYED ON LAST YEAR _____
 PHONE (HOME) _____ (WORK) _____ E-MAIL _____
 PRESENT GRADE _____

I Give _____ permission to participate in the activities of the WDSA. I assume all risks and hazards incidental to her participation, including transportation to and from activities. It is understood that the WDSA, City of Wahoo, The Wahoo Schools, including their respective agents, boards, committee members, organizers, sponsors, officials, supervisors, participants, coaches, and persons transporting my child will not be held liable for injury to players who participate in its activities and insurance against such injury will be the sole responsibility of the undersigned. I agree to be responsible for, and return upon request, any uniform or other equipment issued to my child. The WDSA welcomes any girl age 9-18 who wants to participate, however, a commitment is needed by both players and their parents to attend practices as well as games. Parents or players should contact the coach prior to a game or practice if she cannot attend. **PARTICIPANTS AND PARENTS ARE EXPECTED TO HELP WORK A MINIMUM OF ONE FUNDRAISING ACTIVITY PER YEAR-THIS DOES NOT INCLUDE YOUR "TEAM FUNDRAISER"**

Date _____
SIGNATURE OF PARENT OR GUARDIAN

I can help in the following areas: (please check)
 COACH _____ ASST. COACH _____ COMMITTEE _____ BOARD _____

REGISTRATION: ONE CHECK FOR REGISTRATION –ONE CHECK FOR FUNDRAISING

8 and under **Turn 6 by 01/01/2010 Cost is \$25.00
 _____ 10 and under **Can't turn 11 before 01/01/2010 \$60.00 PLUS \$30.00 Fundraiser Deposit
 _____ 12 and under **Can't turn 13 before 01/01/2010 \$70.00 PLUS \$30.00 Fundraiser Deposit
 _____ 14 and under **Can't turn 15 before 01/01/2010 \$70.00 PLUS \$30.00 Fundraiser Deposit
 _____ 16 and under **Can't turn 17 before 01/01/2010 \$70.00 PLUS \$30.00 Fundraiser Deposit
 _____ 18 and under **Can't turn 19 before 01/01/2010 \$70.00 PLUS \$30.00 Fundraiser Deposit

If you are a new player to WDSA please attach a copy of your birth certificate with this registration. All players please send a recent picture along with your registration as well.

PLEASE MAKE BOTH CHEKCS PAYABLE TO WDSA.

Registration Fee Paid Check# _____ Fundraiser Paid Check # _____
 Special requests will try to be honored, but no guarantees can be made. Attach a note to this registration form or – call Chris Stratman if needed.

MEDICAL TREATMENT CONSENT FORM-PLEASE READ AND SIGN ONLY ONE

If my child needs medical treatment while participating in the WDSA activities, it is my wish that the treatment be started while efforts are being made to contact me so that treatment is not delayed and consent to any medical procedure that the physician or medical personnel believes necessary, on the understanding that efforts will continue to be made to contact me. I accept responsibility to costs related to such treatment.

Signature of Parent or Guardian _____
Date

If my child needs medical attention at any time when I am not available, **I DO NOT** want medical procedures initiated without my consent, unless the immediate medical treatment is necessary to save my child's life or to prevent permanent injury.

Signature of Parent or Guardian _____
Date