

**PARKER YOUTH, INC. / HAWKS
FALL GIRLS SOFTBALL REGISTRATION
REGISTRATION DEADLINE: July 23rd, 2010**

www.parkeryouthsports.com

MAIL ALL REGISTRATIONS TO RICHARD NUNN 11630 Snowcreek Lane PARKER, CO 80138

Parker Youth, Inc. is a non-profit, all volunteer youth sports organization dedicated to providing and developing quality athletic programs for the youth of this community.

Player Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone (H): _____ Phone (W/C): _____

Fathers Name: _____ Phone (H): _____ Phone (W/C): _____

Subdivision: _____ School Attending: _____

Hawks Coach from: Summer 2010: _____ Fall 2009: _____

Email Address (parent's recommended, coach's mandatory): _____

Players Preferred Positions: _____

Do You Wish to Play for the Same Coach? _____

Age Groups are Determined by the Players Age on JULY 31, 2010: _____

<u>Age Groups</u>	<u>Player Fees</u>
8 and Under	\$150.00
10 and Under	\$150.00
12 and Under	\$150.00
14 and Under	\$150.00

Please enclose check or money order, payable to Parker Youth, Inc. with this completed registration and a copy of the player's birth certificate to: Richard Nunn 11630 Snowcreek Lane Parker, CO 80138 Deadline for registration is July 23rd, 2010. Late registrations can not be guaranteed roster spots and a \$20 late fee will be added to registrations post marked and/or received after July 23rd. Age groups will be determined by a cut-off date of July 31, 2010.

Note: This registration form must be completed in its entirety and will not be accepted without player fees. Players who participated in the summer and/or fall 2009 season who have a birth certificate on file with the softball board need not turn in another birth certificate. **ALL NEW PLAYERS OR PLAYERS WHO DID NOT PLAY IN 2010 MUST SUBMIT A PHOTOCOPY OF THE PLAYER'S STATE CERTIFIED BIRTH CERTIFICATE.** Fees do not include uniforms which may be purchased at Locker Room Sports. Uniforms may be purchased in advance but do not choose a jersey #, socks or hats/visors until contacted by a coach.

VOLUNTEERS: We are an all-volunteer organization. We need the help of all parents to maintain the high quality of this program and to keep it affordable, safe and fun for our kids. Participants will be expected to participate in all Lady Hawks sponsored fund raisers. **PLEASE VOLUNTEER!!!**

Head Coach: _____ Asst. Coach: _____

Team Mom/Dad: _____ Base Coach: _____

Scorekeeper: _____

Note: Please complete this registration completely and sign the waiver. Medical, Parental Waiver and Sport Parent Conduct form must be signed prior to any player participating in the sport.

TO BE COMPLETED BY THE REGISTRAR: BC on File _____ BC Enclosed _____

Check No: _____ Amount: _____ Date: _____ By: _____ Team Assigned: _____

PARENTAL WAIVER: As parent guardian of the above-named player, I hereby understand and agree to the following:

- My child may participate in all practices, games, meetings and activities associated with this program.
- My child is physically fit to participate in the program.
- By its very nature, competitive athletics may put participants in situations in which serious, catastrophic and perhaps fatal accidents may occur.
- I assume all risks and hazards incidental to such participation, including transportation to and from these activities.
- These softball programs do not provide accident/medical insurance for the players, and any such coverage I deem necessary will be my responsibility.
- I understand that I must supervise and have under control my children (who are not playing softball) at all times during games and practices on school grounds and in school facilities; that playing on the stages and on any school equipment is not allowed at any time; and that failure to comply may result in the umpire stopping a game until these rules have been followed, which may cause penalties to my child's team, and perhaps forfeiture of the game; and may result in the suspension and removal of my player from her softball team.
- I hereby waive, release, resolve, indemnify and agree to hold harmless the HAWKS and Parker Youth, Inc. organizations, and any other league with which we affiliate, sponsor, officers, supervisors, coaches, umpires and parties and persons transporting my child to and from these activities, from any claim arising from an injury, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident and liability insurance.

MEDICAL RELEASE: As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

Signature of Parent / Guardian: _____ Date: _____

Person to notify in an emergency: _____ Phone: _____

To all Parker Youth Families: Douglas County School District policy strictly prohibits any and all use of tobacco products and alcohol in or around school facilities and school property. This includes areas such as gymnasiums, hallways, restrooms, entryways and doorways; and all outside areas including

Doctor to notify in an emergency: _____ Phone: _____

Code of Conduct: In recognition of my child being accepted in a Parker Youth sponsored youth sports program, I (we) agree to read and participate in the Sport Parent program by following the standards of conduct for parents listed below. I (we) understand that complete information regarding the Sport Parent program will be provided to us, and that I (we) will be expected to abide by these standards. It is understood that if standards are not met, I (we) may not be allowed to attend games as determined by the league coordinator.

A Sport Parent Code of Conduct:

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| <ol style="list-style-type: none"> 1. Remain in the spectator area during competitions. 2. Do not advise the coach on how to do their job. 3. Do not drink alcohol at contests or come to one having drunk too much. 4. Do not make insulting comments to players, parents, officials, or coaches of either team. 5. Thank the coaches, officials and other volunteers who conducted the event | <ol style="list-style-type: none"> 6. Cheer for your team. 7. Show interest, enthusiasm and support for your child. 8. Be in control of your emotions. 9. Help when you're asked to by a coach or an official. 10. Do not coach your child during the contest. |
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Signature of Parent / Guardian _____ Date: _____

The Parker Youth/Hawks Softball program is open to interested players from ages 6 through 14. Parker Youth/Hawks Softball is a mix of recreational and competitive level of play. Priority will be given to last year's returning players, provided their completed registration form and fee are returned by the deadline. This deadline will be strictly observed. New players will be placed on a team on a first-come, first-served space available basis. We suggest returning players contact their coach prior to submitting a completed registration form. New and/or returning registrations post marked and/or received after the deadline are not guaranteed roster spots and a \$20 late fee will be imposed.

Practices will begin in late July with games starting in mid August. Teams will participate in a AYL sponsored league and will play against teams from Parker, Cherry Creek, Centennial, Southeast Denver, Castle Rock and surrounding areas. Games will be played on Saturdays. The season will end with a league wide tournament

