

# WAA 2011 Softball League Registration Form

**Registration: Open registration runs from 1/1/2011 – 1/31/2011.**

Applications accepted until the league is filled, however, placement after January 31<sup>st</sup> is on a first come, first served basis. Once a league is filled applicants will be placed on waiting list.

**Online:**     [www.waasoftball.com](http://www.waasoftball.com)   (**\*\*\* SAVE \$10 by registering online \*\*\***)

Mail in a copy of your child's birth certificate (**first time registrants only**).

**Mail-in:**     **Mail To:**    W.A.A. Girls Softball  
                                   P.O. Box 1502  
                                   West Webster, N.Y. 14580

**Please Provide:**

- Copy of your child's birth certificate. (First time registrants only)
- Check/Money Order payable to WAA Girls Softball
- Completed Registration Form

<b>League Days and Cost:</b>	<b>Little Sluggers</b> 5-6 yrs Saturday 9-11AM <b>\$50 *</b>	<b>Mini-Minor</b> 7-8 yrs Tue/Fri 6:30-8:30 <b>\$90 *</b>	<b>Minor</b> 9-10 yrs Mon/Wed 6:30-8:30 <b>\$90 *</b>	<b>Major</b> 11-12 yrs Tue/Thur 6:30-8:30 <b>\$110 *</b>	<b>Senior</b> 13-16 yrs Mon/Wed 6:30-8:30 <b>\$120 *</b>
	<ul style="list-style-type: none"> <li>• All Registration fees are <b>NON-REFUNDABLE</b>.</li> <li>• The Family maximum is <b>\$180</b>.</li> <li>• Some games will be scheduled on <b>Saturday</b> for all leagues.</li> <li>• Rainouts will be scheduled upon field availability which may include Sat or Sun.</li> <li>• Player's age is determined as of <b>12/31/2010</b>.</li> </ul>				
<b>Volunteer Info:</b>	WAA <b>requires parent support</b> in order for the league to operate. It is <b>required</b> that each parent agree to volunteer in any of 5 ways (see registration form) to ensure that the season is successful. Please keep Webster Girls Softball the best girl's softball program in the State. Thank you for your continued support.				
<b>League Dates:</b>	The 2011 season will begin on April 25th. Coaches will notify girls in early April of team assignments and practice times. The season will end on "Championship Weekend" July 8&9. All teams in the Major and Senior Division will be invited to participate in "Championship Weekend".				
<b>Contacts:</b>	<b>Website:</b> www.waasoftball.com <b>Registrar:</b> Tom Suhr (TSuhr@rochester.rr.com)				

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## Player Info

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1st Parent/Guardian Name \_\_\_\_\_

2nd Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Player email \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

I, the parent or guardian of the above named candidate for a position on a WAA Girls Softball team hereby give my approval to his/her participation in any and all WAA Girls Softball activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the WAA Girls Softball organization, the organizers, sponsors, supervisors, participants, and persons transporting my daughter to or from activities, for any claim arising out of injury to my daughter whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I agree to return upon request, equipment issued to my daughter, in the condition received, except for normal wear and tear.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Player Shirt Size (Adult sizes)    Small    Medium    Large    XL    XXL  
(Youth sizes)    Small    Medium    Large    XL

- Please check here if you played in WAA last year.
  - Please check here if you wish to return to last year's team (If eligible).
- (\*\*\* Major & Senior Leagues will be redrafted for 2010 \*\*\*)**

**Additional player information / special requests :**

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## Volunteer Commitment:

### Each Registrant must check at least one of the following Volunteer Options

(Those that wish to volunteer as Head, Assistant Coach or Team Liaison must complete a volunteer form.)

- Parent/Guardian will be Head Coach.                      Name: \_\_\_\_\_                      Shirt Size: \_\_\_\_\_
- Parent/Guardian will be Assistant Coach.                      Name: \_\_\_\_\_                      Shirt Size: \_\_\_\_\_
- Parent/Guardian will be Team Liaison of team.                      Name: \_\_\_\_\_                      Shirt Size: \_\_\_\_\_
- Parent/Guardian will volunteer time at a WAA event.                      Name: \_\_\_\_\_
- I cannot donate my time, but will donate \$25 or \$50 to WAA Girls Softball.

**\*\*\*\* All coaches need to be SUNY – Youth Sports Certified . See website for details \*\*\*\***

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For Questions, consult the website [www.waasoftball.com](http://www.waasoftball.com) or e-mail Tom Suhr (TSuhr@rochester.rr.com)