



YOUTH SOFTBALL 2012

REGISTRATIONS RECEIVED BY 5PM MARCH 19 - FEE \$65

AFTER 5PM MARCH 19 - FEE \$75 (pending availability)

Teams meet twice a week Mon - Thur (one practice night + one game night)

(If a family has *more* than two children in any one softball league, the additional children in the same family pay \$30 / each. NOTE: All Teams randomly selected & *NO Refunds after the first game.*

Once registered you will be contacted by the coach after April 10.

Practices Begin April 23
Games Begin May 7
Tournament Aug 2 - 5



To Register:

Register in person or by mail:
1301 81st Ave. Spring Lake Park,
MN 55432

LEAGUE	AGE	NIGHT
Mites	6 & 7	Tuesday
Pee Wee	8 & 9	Tuesday
Midget	10, 11 & 12	Thursday
Junior	13, 14 & 15	Monday
Senior	16, 17 & 18	Wednesday

Double Headers - depending on the number of teams in each league, double headers game nights are a possibility.

OPTION:

You have the option of requesting to play with ONE other person. The request can only be honored if the players request each other.



(Detach Here)

PLEASE PRINT

763.792.7201

YOUTH SOFTBALL REGISTRATION FORM (2012)

Player Name _____ Male _____ Female _____

Address _____ City _____ Zip _____

Home Phone _____ Birthday ___/___/___ Age (as of 9/1/12) _____

School _____ Present Grade _____ Email Address _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

SHIRT SIZE		
<small>*used to estimate sizes for the team</small>		
YS	YM	YL
AS	AM	AL
		AXL

League Registering for: Mite _____ PeeWee _____ Midget _____ Junior _____ Senior _____

Optional ONE Player Request (relative or friend). They MUST also list me on their form for the request to be honored. _____

Interested In Volunteering As Head Coach Or Assistant Coach?

Head Coach _____ Assistant Coach _____ Name: _____ Daytime Telephone# _____

Please Email: jangell@ci.spring-lake-park.mn.us or call 763.792.7233 to receive coaching forms.

Tournament Concessions Volunteer (Aug 4 & 5) _____

Please note: The Spring Lake Park Recreation Department, in order to provide the safest and most secure environment for all players, requires background checks (+ additional information) for all individuals volunteering for a coach or assistant coach position.



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<u>LEAGUE</u>	<u>DAY</u>	<u>GAME TIMES</u>	<u>PARK</u>	<u>PARK ADDRESSES</u>
Mite	Tuesday	5:45 or 7:15	Sanburnol	Able - 82nd & Able St.
Pee Wee	Tuesday	5:45 or 7:15	Able	Sanburnol - 520 Sanburnol Dr.
Midget	Thursday	5:45 or 7:15	Terrace	Terrace - 79th & Terrace Rd.
Junior	Monday	5:45 or 7:15	Terrace	
Senior	Wednesday	6, 7:15 or 8:30	Terrace	

New Coach Certification	April 9
Coaches Meetings:	April 10
Mite & Pee Wee	6 - 7pm
Midget, Junior & Senior	7:30 - 8:30
Practices Begin	April 23
Team Photos	TBA
End Of Season Coach Meeting	Sun, July 29 - 6PM

PRACTICES

One practice per week. Times are 6:00 or 7:15. You will be notified by your coach as to the time and day of your practices.

763.792.7201



www.springlakeparkmn.com

YOUTH SOFTBALL REGISTRATION FORM (2012)

WAIVER OF CLAIMS FOR DAMAGES

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights, and claims for damages I may have against the Spring Lake Park School District #16 School Board, and the City of Spring Lake Park and its representatives, successors and assigns for any and all injuries suffered by me or my child at any athletic event or event sponsored by these groups.

CONSENT TO RELEASE INFORMATION

By signing below I understand that my/my child's name, address, telephone number and health information will be provided to staff, volunteers, coaches, program participants, city attorney, insurer, and to any other agents deemed necessary for the purpose of implementing and administering the program. I understand that I am not legally required to disclose this information, however failure to do so will prevent my/my child's participation in this program. By submitting my email address I am indicating that I would like to receive email updates on youth programs offered through the recreation department. The Recreation Department will only send you information regarding Recreational activities offered by SLP.

Signature of Parent or Guardian

Date

Please make checks payable to: Spring Lake Park Recreation Dept. Payment enclosed: Ck _____ Cash _____ M.O. _____

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BELOW FOR OFFICE USE ONLY

Paid: Full	\$ _____	League	_____
Family Rate	\$ _____	Sibling leagues	_____
Other	\$ _____	Sponsor Name	_____
Check # _____	Cash _____		
Receipt # _____			