

River Ridge SSB REGISTRATION FORM

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Washington Zip: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M or F \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Played last year? YES or NO \_\_\_\_\_ Last year's Coach: \_\_\_\_\_

Same Coach this year? YES or NO \_\_\_\_\_ If not, 1<sup>st</sup> choice Coach: \_\_\_\_\_

Requested Team: \_\_\_\_\_ Attempts will be made to accommodate coach & team requests

Positions played last year. List all. \_\_\_\_\_ Positions played previously. \_\_\_\_\_

Experience: Competitive \_\_\_\_\_ Recreational \_\_\_\_\_

UNIFORM SIZE (CIRCLE):

Hat size: Youth Adult Small Adult Large

Shirt size: YS YM YL YXL AS AM AL AXL AXXL A3XL

Pant size: YXS YS YM YL YXL AS AM AL AXL AXXL

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

ARE INTERESTED IN VOLUNTEERING? (circle all that apply)

Manager Coach Score-keeping Transportation Other \_\_\_\_\_

DONATION of \$ \_\_\_\_\_ directly toward Scholarships: YES \_\_\_\_\_ NO \_\_\_\_\_

I/We, the parents of the above named youth, who is a candidate to play in South Sound Baseball, hereby give my/our approval to his/her participation in any and all activities of the Association during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We further release, absolve, indemnify and hold harmless South Sound Baseball, the organizers, sponsors and supervisors, any and/or all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my/our child to or from the activities.  
Parent(s)/Guardian Signature: \_\_\_\_\_ Returned Check Fee: \$20.00

For League Use: \_\_\_\_\_

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check No. or Receipt No. \_\_\_\_\_ Cash \_\_\_\_\_