

ST. PAUL YOUTH SPORTS ORGANIZATION
2022 SOFTBALL APPLICATION

NO APPLICANT WILL BE PERMITTED TO PARTICIPATE IN ANY ACTIVITY UNTIL THIS FORM HAS BEEN COMPLETED IN FULL, ON BOTH SIDES, REGISTRATION FEES PAID AND A COPY OF BIRTH CERTIFICATE HAS BEEN SUBMITTED.

EACH APPLICANT REQUIRES A SEPARATE FORM

Please **print** child's name as it appears on Birth Certificate: Birth certificate needs to be provided for all players. On file ____

Last Name First Name Middle Initial Sex: M ___ F ___

Name Child goes by: _____
Last Name First Name

Address: _____
Street City Zip

Phone #1: _____ E-mail _____

Phone #2: _____

Child's Birthdate: _____ Age child was on December 31, 2021: _____
Month Day Year

School currently attending: _____ Grade: _____

Parent Name (s) _____
(Father) (Mother)

Family E-Mail Address: _____

If you are interested in coaching, assistant coaching or volunteering please leave your information below:

Name: _____
Last Name First Name

Address: _____
Street City Zip

Phone: (____) _____ E-mail _____

APPLICATIONS NEEDS TO RETURNED BY MARCH 4TH, 2022 WITH PAYMENT
TO SPYSO, P.O. BOX 61, ST. PAUL, OREGON 97137 OR
LEAVE AT THE ST. PAUL ELEMENTARY OFFICE OR THE PAROCHIAL SCHOOL.
CHECKS SHOULD BE MADE PAYABLE TO SPYSO.

MEDICAL INFORMATION

I/We the parents of the applicant for a position on a St. Paul Youth Sports Organization team, hereby give my/our approval to participate in any and all SPYSO activities including transportation to and from the activities. I/We know that participation in softball may result in serious injuries and that protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless SPYSO, CCGSA and/or ASA., the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from any activities; for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause; except to the extent and in the amount covered by accident or liability insurance.

Participation in youth softball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Please explain and identify any physical limitations (allergies, hearing, sight, etc.)

RELEASE AND CONSENT

In the event of an emergency in which my child requires medical care, I authorize the staff of SPYSO, or the staff of one of its leagues or lessors, to act for me/us and to obtain for him/her whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. I specifically consent to such treatment including, but not limited to, hospitalization and surgery and will be responsible for any medical or other charges in connection with his/her participation in SPYSO, CCGSA and ASA. I understand that SPYSO or ASA's insurance carrier currently is providing accident insurance for medical or hospital expenses incurred from any injury received while participating in any ASA's activities. I have provided SPYSO with evidence of my/our personal health and medical insurance coverage and agree to maintain said insurance coverage at all times during my/our child's participation in SPYSO/CCGSA/ASA activities.

Medical Insurance _____ Policy # _____

Other Person to Notify in case of Emergency

(Name) _____ (Phone) _____

SPYSO PLAYER COMMITMENT

I, _____, in cooperation with my parents, _____, do agree to abide by the conditions and rules of this:

CODE OF CONDUCT

1. I will agree to attend all practices and games at scheduled times. If I am ill, my parent will notify my coach before the game/practice begins.
2. I agree to follow the rules of good sportsmanship. I will not swear or belittle my coaches, teammates, umpires or spectators in anger because of disagreements and mistakes.
3. I will respect the decisions, position placements, and calls of my coaches, umpires and other game officials.
4. I agree to always act in a safe manner and not engage in horseplay. I will do my best to set an example for my teammates.
5. I agree not to wear any jewelry to games or practices.
6. I will not take candy or food on the playing field or in the dugouts.
7. I agree to come prepared wearing proper clothing, shoes and bring equipment to each practice and game.
8. I understand my commitment to the team includes my full cooperation regarding these rules for the entire season and any post-season play.
9. I will play to the best of my ability.
10. I/We agree to return upon request the uniform and other equipment issued to applicant in as good a condition as when it was received, except for normal wear and tear.

By signing this agreement, I promise to be the best ball player I can be. To do this I need the help of my coaches, the support of my teammates, and the cooperation and encouragement of my family.

Player Signature _____ Date _____

Parent Signature _____ Date _____

FEES: 8U - \$80

10U - \$120

12U - \$120

14U - \$120