

DULUTH AREA YOUTH SOFTBALL ASSOCIATION

Individual Registration Form

CHILD'S NAME: _____ GENDER: ___ M ___ F

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

D.O.B. ____/____/____ GRADE: _____ SCHOOL: _____

PARENT(S)/GUARDIAN(S) NAME(S): _____

ADDRESS (if different than above): _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

EMAIL(s): _____

EMERGENCY CONTACT PERSON(S) & PHONE NUMBER: _____

DOCTOR NAME: _____ PHONE: _____

DENTIST NAME: _____ PHONE: _____

HOSPITAL PREFERENCE: _____

REQUESTED TEAMATES AND/OR COACH: _____

T-SHIRT SIZE: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___

HAT: ___ YES ___ NO (not available at all rec centers & may be at additional cost)

SWEAT SHIRTS AVAILABLE AT SOME CENTERS AT ADDITIONAL COST

CO-REC:

T-BALL (4yr&5yr) _____
 Class A (K-2nd) _____
 Class I (3rd&4th) _____
 Class II (5th&6th) _____
 Class III (7th&8th) _____
 Class IV (9th-12th) _____

GIRLS:

Class III (7th&8th) _____
 Class IV (9th-12th) _____

BOYS:

Class IV (9th-12th) _____

*Please note that every effort will be made to place your child in the selected categories.
 You will be contacted if changes need to made.

PARENT, VOLUNTEER, INVOLVEMENT (PLEASE CHECK ALL THAT APPLY)

COACH ___ ASSISTANT COACH ___ PRACTICES ___ CONCESSIONS ___

**UMPIRE ___ LEAGUE ORGANIZATION ___ PHONE CALLING ___ DRIVE ___

** (Umpire) This will require a four-hour class participation to be eligible to umpire games. Class A & up.

