

**2009  
VISITATION SOFTBALL  
GRADES K – 8**

(Office Use Only) Date: _____ Ck: _____ Other: _____ _____
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The Visitation Academy Softball Teams will participate in the Clayton Parks & Recreation Softball/Baseball League. Practices will begin March 30 and games will begin the weekend of April 18<sup>th</sup>. All teams will be scheduled for an 8 game season. The actual length of the season cannot be determined at this time, but typically ends in early June. Games will be played at Shaw Park or Wydown Middle School. Games are primarily on Saturdays and Sundays from 8 a.m. – 6:00 p.m. There may also be some weeknight games scheduled generally on Tuesdays and Thursdays. Divisions are as follows: Co-ed Kindergarten T-Ball, 1<sup>st</sup>/2<sup>nd</sup> Gr. Girls, 3<sup>rd</sup>/4<sup>th</sup> Gr. Girls, 5<sup>th</sup>/6<sup>th</sup> Gr. Girls and 7<sup>th</sup>/8<sup>th</sup> Gr. Girls.

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Parents' Name \_\_\_\_\_ Home # \_\_\_\_\_  
Address \_\_\_\_\_ Work # \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Will you be playing any other sports during the softball season? If "yes", what sport(s)? \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Hospital Information/Preference \_\_\_\_\_  
Is there any existing medical situation the coach should be aware of? \_\_\_\_\_

I hereby give permission for my daughter to be given emergency medical treatment in the event I cannot be reached. \_\_\_\_\_  
Parent/Guardian Signature

**REGISTRATION DEADLINE is WEDNESDAY,  
JANUARY 28**

**Registration Fee: \$90**

**NO UNIFORM DEPOSIT REQUIRED** -However, anyone not returning a uniform within one week after the season ends will be billed a \$100 replacement fee!

**VOLUNTEER COACHES ARE NEEDED...**

If interested in coaching a team, please complete the section below! Thank you!

Name \_\_\_\_\_ Home # \_\_\_\_\_  
Address \_\_\_\_\_ Work # \_\_\_\_\_  
\_\_\_\_\_ Cell # \_\_\_\_\_  
City State Zip Code E-mail \_\_\_\_\_

**Athletic Wavier of Liability**

In consideration of the opportunity afforded me to participate in extra-curricular activities in connection with my enrollment as a student at Visitation Academy of St. Louis, and in recognition of the possible hazards, including, but not limited to, hazards arising out of extra-curricular activities, either as a result of others' conduct or use of equipment or my own conduct or use of equipment, or by nature of the activity or equipment itself, to which I voluntarily subject myself in functions other than normal classroom participation, which include but are not limited to, interscholastic or extramural athletic competition, including team sports, and individual competitions, I hereby knowingly, freely and voluntarily waive any right or cause of action of any kind whatsoever, arising as a result of such activity from which any liability may or could occur to Visitation Academy of St. Louis, or its agent, or the sisters of the Visitation, or their assistants or agents individually, which may afford me any occasion or opportunity to participate in any activity within their control.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_