



Name _____

Birth Date _____ Age as of 12/31/07 _____

Address _____ City _____ Zip _____

E-mail _____

Parent or Guardian _____

Phone: (home) _____ (cell) _____ (work) _____

Copy of Birth Certificate (required for all players) y___ n ___

Pants Size Youth S M L XL Adult S M L XL

Shirt Size Youth S M L XL Adult S M L XL

Please note that The Bozeman Stealers Fastpitch Organization provides supplemental accident insurance only for participants. I will be responsible for any expenses that are not covered under this policy. I understand the nature of this activity is such that there is a possibility of an accident or injury. I therefore waive all claims against Bozeman Stealers Fastpitch, for accidents or injuries that may occur during the conduct of this program. My child has permission to participate in this program. I also give Bozeman Stealers Fastpitch permission to treat my child in case of an Emergency.

Parent/Guardian

Signature _____ Date _____

Any allergies or physical conditions we need to be aware of? _____

Explain _____

Physician _____ Phone _____

Registration Fee \$100.00

Ck # _____