



## Girl's Fall Softball League

2011

For Ages 8-12 & 13-15

Cost \$40.00/\$35 Sibling Discount

Registration Deadline is Friday, August 19

\* Late registrations will only be accepted if shirts have not been ordered and a \$10 late fee will be applied \*

Player evaluations will be Saturday Aug. 27

at Thomas Jefferson Elementary School

10:00 am for 8-12 yr olds

12:00 pm for 13-15 yr olds

Season will last 5 weeks/expect double headers

This will be a fast pitch league. We will use Little League rules, but we are not sanctioned by Little League.

# Volunteer Coaches and Umpires Needed!!!

For more information call LCPR @ 540-967-4420

or visit us online at [www.LCPR.info](http://www.LCPR.info)



## PARTICIPANT REGISTRATION FORM

Mail this form to:

LOUISA COUNTY PARKS & RECREATION

P.O. Box 864/Louisa, VA 23093 (540) 967-4420



MAILING ADDRESS \_\_\_\_\_ Home Phone \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Work Phone \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ School Attends \_\_\_\_\_

Participant Name		Age	Birthdate MM/DD/YY	Grade	Shirt Size	Program Name/Location	Start Date	Fee
First	Last							
						Girls Fall Softball	9/17	\$40

The Louisa County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Louisa County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

Signature Parent/Guardian/Participant

Print Name - Parent/Guardian/Participant

Date