

**YOUTH PROGRAMS**

**ARMONK SOFTBALL LEAGUE (A S L)  
GIRLS' SOFTBALL REGISTRATION FORM**

=====  
Absolutely no requests to be placed on a team with another player or coach will be accepted. If your daughter will not play if she is not with a certain friend or coach, please do not register. NO EXCEPTIONS, NO REFUNDS, NO CREDIT for this situation.

**DIVISION** (please circle)

Grades 1-2  
Prog. #222228A

Grades 3-4  
Prog. #222228B

Grades 5-6  
Prog. #222228C

Grades 7-9  
Prog. #222228D

**PLAYER INFO**

Player Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Email 1. \_\_\_\_\_ Email 2. \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

*(Required, only to be shared with Armonk Softball League)*

**EMERGENCY CONTACTS**

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Has your daughter played organized softball before?  Yes  No

Shirt Size YS YM YL AS AM AL Shorts Size YS YM YL AS AM A L

Are you willing to volunteer in any of the following capacities?

Coach  Yes  No Assistant Coach  Yes  No

Team Parent (help distribute information, mostly through email)  Yes  No

**MEDICAL**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Required Medication \_\_\_\_\_

**INJURY WAIVER**

Participants Name \_\_\_\_\_

I hereby release the Town of North Castle, it's Councilmen, Employees and Volunteers of any liability whatsoever in connection with any damages and/or injuries I or the person named above may sustain as a result of participation in the programs of the Town of North Castle sponsored by the Town of North Castle Recreation and Parks Department. I also understand that absolutely no requests to be placed on a team with another player or coach will be accepted by the ASL.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_