



## Spring-Ford Youth Athletic League – Winter Softball Clinic Registration Form

The 2012 Winter Softball Clinic will be held at Longstreth Training Academy. Longstreth is located at 28 Wells Road, Parker Ford, PA 19457. Clinics will begin on January 8, 2012 and run thru February 26, 2012. Clinics will be held from 2:00pm to 5:00pm every Sunday. Due to Space limitations the time available will be cut in half, from 2:00pm to 3:30pm for ages 5-10, from 3:30 to 5:00pm ages from 11-16. Times may vary based on registrations received.

**Fee:** \$80/player - \$150 Max per family

**All mail-in registrations must be postmarked by January 1st** (make checks payable to Chad Strunk); questions should be e-mailed to [softball@sfyal.org](mailto:softball@sfyal.org).

Mail Registrations to:  
Chad Strunk  
61 Reifsnyder Road  
Royersford, Pa 19468

Please fill out the information below.  
2012 SFYAL Softball Winter Registration Form

Child 1: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child 2: \_\_\_\_\_ Birth date: \_\_\_\_\_

Please write any additional names on the rear side of the form.

Parents/Guardians: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address(es) (note that the majority of Soft Ball communication will be via e-mail, so please write clearly): \_\_\_\_\_

Total fee paid \$ \_\_\_\_\_

### SFYAL Liability Waiver Form

In consideration of my child being allowed to participate in any athletic/sports events sponsored by SFYAL and any related events and activities, and intending to be legally bound, the undersigned:

Acknowledges and fully understands that each participant will be engaging in activities that involve risk of injury, which might result not only from their own actions, inaction or negligence of others, the rule of play, or the conditions of the premises or of any equipment used. Further that there may be other risks not known to me or not reasonably foreseeable at this time.

Assume all the forgoing risks and accept personal responsibility for the damages following such injury.

Release, waive, discharge and covenant not to sue the SFYAL, its administrators, directors, agents, coaches, and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct league activities, all of whom are herein referred to as "releases", for demands, losses, or damages on account of injury, caused or alleged to be caused in whole or in part by negligence of the releases or otherwise.

The undersigned has read the above waiver and release, understand that I have given up substantial rights by signing it, and sign it voluntarily. I also understand that the above-mentioned player may participate in only one organized youth baseball/softball league.

Signature of Parent / Guardian: \_\_\_\_\_