

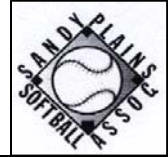


Sandy Plains Softball Association

Fall 2010 Registration Form

For more information visit our website www.sandyplainssoftball.com

Mail-in registration forms for Fall 2010 must be postmarked by August 7, 2010



Player Information

Name: _____ Home Phone: () _____
Last First

Address: _____
Street City Zip Code

County: _____ D.O.B. / / Age: _____
(As of Dec. 31, 2010)

School: _____ Player E-mail: _____

Parent / Guardian Information (Check appropriate boxes if you are willing to volunteer)

Father: _____ Home Phone: () _____ Manager Coach Sponsor

Work Phone: () _____ Cell Phone: () _____ E-mail: _____

Mother: _____ Home Phone: () _____ Manager Coach Sponsor

Work Phone: () _____ Cell Phone: () _____ E-mail: _____

Fees per player (Please circle the appropriate program and calculate fees)

	Cobb Resident	Non Cobb Resident*	Fee Calculation
Coach Pitch - 6U	\$85.00	\$110.00	\$ _____
Coach Pitch - 8U / Slow Pitch 12U, 15U, 18U	\$100.00	\$125.00	\$ _____
Fast Pitch 10U, 12U, 15U	\$145.00	\$170.00	\$ _____
Family Fee Discount (3 or more players)	<\$35.00>	<\$35.00>	\$ _____
Optional Player Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Add \$6.00 per player if selected			\$ _____
Do you pay city taxes? (Required by Cobb County) <u>Circle</u> Yes or No			Total Fees Due \$ _____

* An additional fee of \$25.00 per player is assessed by Cobb County for all Non-resident participant

I/We, the parent(s)/Guardian(s) of the above named player give approval and permission for her participation in the Sandy Plains Softball association Program. I/We assume all risks and hazards incidental to the conduct of activities and transportation to and from activities. I/We do further hereby release,absolve, indemnify and hold harmless Cobb County Department of Parks, Recreation and Cultural Affairs, Sandy Plains Softball Association, the organizers of the activity, sponsors, supervisors, coaches any and all of them. In the event of injury to my/our daughter, I/We hereby waive all claims against the organizers, sponsors, or any of the coaches, managers, or supervisors appointed by them. I/WE likewise release from responsibility any person transporting my/our daughter to or from the activity, or to the doctor or hospital in case of emergency. I/We further agree to abide by all rules and regulations as set forth by the SPSA Board of directors.

Parent/Guardian Signature: _____ Date: _____

Please make checks payable to: **SPSA**
Mail Registration to: **P.O. Box 670056**
Marietta, Georgia 30066

Note: A \$25.00 fee will be assessed for all returned checks

Please be aware that all registration fees are NON-REFUNDABLE

Date:	Rec'd by:	Check No:	Amount Paid:
Notes:			