

2021 SAS Registration

Co-ed T-Ball (Ages 4 through 6)

PINTO (Coach Pitch, Ages 7 & 8)

MUSTANG (Kid Pitch, Ages 9 & 10)

BRONCO (Ages 11 & 12) , PONY (Ages 13 & 14)

--Age as of December 31, 2020

PLAYER INFO

PLAYER NAME: _____ BIRTHDATE: _____ Age on 12/31/20: _____

ADDRESS: _____ CITY: _____

SCHOOL: _____ PLAYER'S GENDER (circle one): BOY GIRL

Other information (request team change, conflicting activities, requests/concerns, etc.): _____

PARENT/GUARDIAN INFO

PARENT(S)/GUARDIAN(S) NAME: _____

PHONE: _____ TEXT: YES NO ALTERNATE PHONE: _____ TEXT: YES NO

E-MAIL (please print): _____

NOTE: SAS provides SECONDARY insurance coverage.

I/We, the parent(s)/guardian(s) of the above registrant for participation in the Sherman League hereby give my/our permission for the registrant to participate in any and all League activities during the 2021 season. I/we assume all risks and hazards incidental to such activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the League, organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from such activities, from any claims arising out of injury to my/our child, except to the extent and in the amount covered by the League's accident and liability insurance. I/we assume all risks and liability associated with possible COVID exposure.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Jersey size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Other _____

Pant size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Other _____

REGISTRATION: T-Ball PINTO 8u MUSTANG 10u BRONCO 12u PONY 14u

Make checks payable to Sherman Area Softball REGISTRATION AMOUNT \$75.00/player _____

Payment: Cash Amount: _____ Check Amount/#: _____ League Official's Name: _____

If check/cash cover more than one player, please list other player(s) names here: _____

For New Players: Was birth certificate/hospital record presented and age verified? If yes, officers must initial here: _____

TEAM INFORMATION

Previous Coach and/or Team: _____

Requested Coach: _____

Are you willing to Head or Assistant Coach? _____

Registration

Saturday February 13th , 9am – 11am at the Sherman Athletic Club
If unable to attend you may mail forms to the address below by 2/28/2021:

Jill Paller
29 Cabin Smoke Trail
Springfield, IL 62707