

**Lakeland Juniors**  
**Travel Softball Program**  
**Registration Form**

\*\*One form per child\*\*

Travel team fast-pitch softball is a more competitive and intensive program intended for players who have the desire and dedication to play at a higher level.

Year: \_\_\_\_\_ Season:  Spring  Summer  Fall

Eligibility – Age as of January 1<sup>st</sup>:

**8U** (Age 8 and under)  
 **10U** (Age 10 and under)  
 **12U** (Age 12 and under)  
 **14U** (Age 14 and under)  
 **17U** (Age 17 and under)

Is your child currently taking private coaching lessons?  Yes  No

If yes, for what position(s)? \_\_\_\_\_ Check box if for hitting

PLAYER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_

PHONE(H): \_\_\_\_\_ PHONE(C): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_

PHONE(H): \_\_\_\_\_ PHONE(C): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL CONDITIONS (IE: ALLERGIES, DISABILITIES):  
\_\_\_\_\_

WAIVER OF LIABILITY: I, \_\_\_\_\_, hereby give my consent for my child's participation in the Lakeland Juniors travel softball program. I agree to release, indemnify and hold harmless the Lakeland Juniors, its officers, directors, and coaches, from any claim or liability involving any injury to a player arising out of travel softball activities.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please complete this form and supply it to the head coach at your scheduled tryout.*