



Upland Hilltoppers Softball Player Registration

***** FOR LEAGUE USE ONLY *****

Draft # _____ **Sister Option** _____ **Division:** T-Ball, 8U, 10U, 12U, 14U **Team #** _____

Payment Rec'd \$ _____ **Check#** _____ **Birth Certificate** _____ **Valid by** _____ **Yr.** _____

Short Size _____ **Shirt Size** _____

PLEASE PRINT CLEARLY: (Please indicate child's name as found on birth record)

Child's Name _____ **DOB** _____ **School** _____

Address _____ **City** _____ **Zip** _____

Phone # _____ **Parents Email** _____

Mother's Name _____ **Phone: Wk** _____ **Cell** _____

Father's Name _____ **Phone: Wk** _____ **Cell** _____

Players Experience: Are you a new player? _____ How many years have you played softball? _____

Position(s): (You may indicate 1 or more) _____

Have you ever pitched before? _____ **If so, how long?** _____ **Have you ever had pitching lessons?** _____

Have you ever played travel-softball?

Do you plan to play travel-softball before the end of the season?

Notice: Any player who practices or participates in any travel-softball activity after April 1 is not eligible to play on an Upland Hilltopper's All-Star team.

Emergency Contact Person _____ **Phone #** _____

List any allergies or other medical information _____

Is your child taking any medication? _____ **If so, what?** _____

Sponsorship Notice: Upland Hilltoppers will refund half of your child's registration fee for each sponsorship you provide to the league.

Sponsor Fee \$225.00

I, parent or guardian of the above named child, hereby give approval for her/his participation in any and all league activities during the current year. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, Upland Hilltoppers, the City of Upland, the Upland Unified School District, the organizers, sponsors, managers, coaches, umpires, participants and person involved in said activities for any claim arising out of any injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the league. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league activities and no parent is available to grant authorization for emergency treatment. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I also agree to abide by the rules established by the league, and our child will play for any team to which they are assigned.

Signature of Parent / Guardian: _____ **Relationship:** _____ **Date:** _____