

2024 Eldridge Youth Softball Registration

Southern Wapsi Girls Softball League

(Deadline for registration is March 25, 2024)

Cost is **\$60.00** per child – City of Eldridge
Refunds will not be given.

Player's Name: _____

Address: _____

City & Zip _____ Phone: _____

Grade in school: _____ Birth date: _____

(Girls will be playing in the grade level they are coming from, **NOT THE GRADE THEY ARE GOING INTO**)

PeeWee Red 1st-2nd Grade PeeWee Silver 3rd-5th Grade Junior 6th-8th Grade Senior 9th-12th Grade

Do you pitch in ASA or any other organized softball leagues?

Do you play in ASA or any other organized softball leagues?

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Address: _____ Address: _____

City & Zip: _____ Cell: _____ City & Zip: _____ Cell: _____

Email: _____ Email: _____

All parents will be assigned a date(s) to work in the concession stand at a home game(s) by the coach.

Please check if you are interested in being one of the following and fill out the attached background check consent form:

UMPIRE

HEAD COACH

ASSISTANT COACH

Please select a shirt size _____

WAIVER OF LIABILITY In consideration of the acceptance by the Eldridge Park and Recreation Board of my application to play softball for the 2024 season, I hereby, for myself, my heirs, executors, and administrators, and/or for the minor for whom I am signing, including his or her heirs, executors and administrators, release and forever discharge the City of Eldridge, the Eldridge Park and Recreation Board, all elected and appointed public officials, employees, and all volunteers performing any service or duties for or on behalf of the City of Eldridge or Eldridge Park and Recreation board, of and from any and all rights, claims, demands, and actions of any and every nature whatsoever that I or said minor may have, for any and all loss, damage, or injury sustained by me and my equipment, before, during, and after said softball season, including team training and practice sessions, regularly scheduled games, post season tournaments, unscheduled games, and any related activity before, during or after such competition, practice or training. I (we) have read the liability waiver and understand it as it is presented.

Signature(s): _____ Date: _____

Please submit payment and registration form to:

**City of Eldridge
Parks Department
P.O. Box 375
Eldridge Iowa 52748**

VOLUNTEER ELDRIDGE PARK & REC BACKGROUND CHECK

Name: _____
Last First Middle Initial

Current Address: _____
Street # City State Zip Code

Social Security # : _____ - _____ - _____ D.O.B. _____ / _____ / _____

Home Phone: _____ Cell Phone: _____

Position Applying For: _____

Current Employer: _____

Employer Address: _____
Street # City State Zip Code

Phone: _____

Please list any additional information you feel is relevant: _____

I authorize the release and verification of all information needed to complete a full criminal background report.

Applicant (Print Name) Date

Applicant (Signature) Date

NOTE: *All fields must be completed in full or request will not be processed*****