

CHAMPLIN PARK FASTPITCH ASSOCIATION

REGISTRATION FORM FOR 2010 FALL LEAGUE

REGISTRATION FEES: The \$60 registration fee will cover the cost of practice and game equipment, T-Shirt, and team membership in the Minnesota Metro Fastpitch League for the fall ball season. The season includes two games on three Sundays (August 22nd & 29th, September 12th) and two tournaments on two weekends (Qualifier – September 18th & 19th and State Tournament – September 25th & 26th). Registration is due by August 1st, 2010.

The following is required with the registration form in order for the player to participate in team activities. If the player participated in the CPFA Summer League, the forms should already be on file and are not needed for fall ball.

- birth certificate (copy)
- photo id (copy)
- permission and emergency medical form
- player & parent commitment forms

Refund Policy: Registration fees are not refundable after August 1st, except if CPFA is unable to place a player on a team or under extraordinary circumstances.

Age Policy: Players will be allowed up play up one age level, if the number of girls playing at both age levels involved will allow it. Please indicate on the registration form if your player is interested in playing up one level. The Board may request that players move up a level to fill out rosters.

There are two ways to register:

- 1) **Register and Pay On-line @ www.rebelgirls.net.** In addition, if the player did not play for CPFA during the 2009 summer season, the following forms must be completed: Permission Form, Emergency Medical Form, Player Commitment Form, Parent Commitment Form, copy of Birth Certificate & recent picture with printed name (yearbook, school ID, etc.) to the address below by August 1st.
- 2) **Mail in registration and Payment:** Mail your completed Registration Form and your registration payment by August 1st to the address below. In addition, if the player did not play for CPFA during the 2009 summer season, the following forms must be completed: Permission Form, Emergency Medical Form, Player Commitment Form, Parent Commitment Form, copy of Birth Certificate, recent picture with printed name (yearbook, school ID, etc.)

CPFA Fall Ball Registration
c/o Carrie Proctor
11117 Hillsboro Ave N
Champlin, MN 55316

Make \$60 check payable to CPFA (Champlin Park Fastpitch Association)

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Please complete the following (this page not required if registering on-line):

Athlete's Name: _____

Grade: _____ School: _____ Birthdate: _____

- Age Level (Select one):
- 10U (Birthdate = 2000 or later)
 - 12U (Birthdate = 1998 or 1999)
 - 14U (Birthdate = 1996 or 1997)
 - 16U (Birthdate = 1994 or 1995)
 - 18U (Birthdate = 1992 or 1993)

Did athlete play Fastpitch last year? Yes / No
 Years of Fastpitch Experience: _____
 Years of Slowpitch Experience: _____
 Previous Positions Played: _____

1st Parent/Guardian's Name: _____

Address: _____
 City/State: _____ Zip Code: _____
 Phone #1: _____ (Home / Work / Cell)
 Phone #2: _____ (Home / Work / Cell)
 Phone #3: _____ (Home / Work / Cell)
 E-mail Address #1: _____ (Home / Work)
 E-mail Address #2: _____ (Home / Work)

2nd Parent/Guardian's Name(s): _____

Address: _____
 City/State: _____ Zip Code: _____
 Phone #1: _____ (Home / Work / Cell)
 Phone #2: _____ (Home / Work / Cell)
 Phone #3: _____ (Home / Work / Cell)
 E-mail Address #1: _____ (Home / Work)
 E-mail Address #2: _____ (Home / Work)

Emergency Contact in case the above individuals cannot be reached:

Name: _____ Phone: _____
 Relationship to Player: _____

My daughter is available to play the following dates. The responses will help determine team size based upon availability of the players.

- | | | | | |
|--------------------------|--------------------------|--------------------------------------|------------------------------------|--------------------------|
| Yes | No | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sunday, August 22 nd | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sunday, August 29 th | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sunday, September 12 th | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Saturday, September 18 th | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Sunday, September 19 th | (Qualifier) |
| <input type="checkbox"/> | <input type="checkbox"/> | Saturday, September 25 th | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Sunday, September 26 th | (State Tournament) |

CHAMPLIN PARK FASTPITCH ASSOCIATION

Permission Form

The following must be read and signed by a parent or legal guardian.

I, the parent/legal guardian of _____ give my approval for her participation in all CPFA girls' fastpitch activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities. I do hereby waive Champlin Park Fastpitch Association, its officers, the organizers, sponsors, supervisors, participants, coaches, and persons transporting the above named to and from activities for any claim arising out of an accident or other incident resulting from participation in any/all CPFA activities.

Parent/Guardian signature: _____

Date: _____

Emergency Medical Form

Athletes Name: _____

Parents Name(s): _____

Notify in Case of Emergency: _____

Phone (h): _____ Phone (c): _____

Alternate Emergency Contact: _____

Phone (h): _____ Phone (c): _____

Physician/Clinic: _____ Phone: _____

Address of Physician/Clinic: _____

Medical Insurer: _____ Policy/Grp #: _____

Dentist: _____ Phone: _____

Dental Insurer: _____ Policy/Grp #: _____

Please list any allergies, health problems, or medications required. If none, please indicate by initialing here: _____

CHAMPLIN PARK FASTPITCH ASSOCIATION

PLAYERS COMMITMENT FORM

As a player representing the Champlin Park Fastpitch Association, I commit to the following:

1. I will be coachable. I will listen to my coach's constructive criticism willingly and make every effort to improve myself.
2. I will be a dedicated team player and will help my teammates feel a sense of belonging.
3. I will practice with the same speed and determination as in a game. I realize that practice requires hard work and concentration.
4. I will be positive and participate with a good attitude since I am a role model for aspiring younger players in CPFA.
5. I will be on time for all practice and games. If I am unable to attend practice or games, I will notify my coach in advance.
6. I will accept my coach's decision as final. If I disagree with my coach, I will approach him/her privately with respect.
7. I will never criticize my teammates and will always display good sportsmanship.
8. I will have fun!

Player Signature: _____ Date: _____

PARENTS COMMITMENT FORM

As a parent representing the Champlin Park Fastpitch Association, I commit to the following:

1. I will demonstrate a positive attitude towards coaches, games officials, players, and other parents.
2. I will treat our opponents (players, coaches, and parents) with respect and dignity.
3. I will make every effort to enable my daughter to attend practices and games on time and will support the team by attending as many games as possible.
4. I understand my daughter's availability to play may impact her entire team and its ability to play its games.
5. I understand that my daughter's amount of playing time may be affected should outside activities interfere with games and/or practices.
6. I will help my daughter understand the values needed for a successful team sport. Including: *unselfishness, fair play and sportsmanship, sense of team play, emotional support of teammates, positive attitude, and respect for coaches and others.*
7. I will consult with my daughter's head coach in a respectful manner if I have questions regarding playing time, philosophy, or strategy.
8. Above all else, I will make every effort to make this a fun and enjoyable season for myself and my child.

Parent Signature: _____ Date: _____