PRESENTING SPONSOR: Academy

Mandatory Skills Testing Dates:
For Ages 9-14 Only

THURSDAY, APRIL 9
Ages 9-11 6:00 - 7:00 p.m.
Ages 12-14 7:30 - 8:30 p.m.
Cape Girardeau Sportsplex

TUESDAY, APRIL 14
Ages 9-11 6:00 - 7:00 p.m.
Ages 12-14 7:30 - 8:30 p.m.
Cape Girardeau Sportsplex

**Please note all dates are subject to change.**

Register online at www.cityofcape.org/softball

Contact Jen at jsrose@cityofcape.org or 573.339.6737 for more information!

AGES:
5-14 (as of 1/1/2020)

REGISTRATION:
Sign up by April 14, 2020

SEASON START:
Tentatively May 18, 2020

LOCATION:
Games played at the Arena Park Sports Complex

FEE:
$50 per person | Entry fee includes a uniform shirt, a 10-12 game schedule, and team playing equipment (not including gloves).
GIRLS SOFTBALL REGISTRATION FORM

AGE: For ages 5-14 as of January 1, 2020.

START DATE: Tentative start date is May 18, 2020. **Please note all dates are subject to change.**

IMPORTANT DATES: Coaches’ meeting and draft is scheduled for April 16, 2020 at 6:00 p.m. at the Osage Centre. Mandatory skills testing at the SportsPlex: April 9 (9-11 yr. olds from 6-7 p.m. & 12-14 yr. olds from 7:30-8:30 p.m.) OR April 14 (9-11 yr. olds from 6-7 p.m. & 12-14 yr. olds from 7:30-8:30 p.m.)

REGISTRATION: Registration deadline is April 14, 2020. **Please note all dates are subject to change.** Register online at www.cityofcape.org/softball or at the A. C. Brase Arena, Osage Centre or SportsPlex.

ENTRY FEE: $50.00 per person.

LEAGUE DIRECTOR: Jen Rose. Contact at jsrose@cityofcape.org or 573.339.6737.

PLAYER FORM

First Name ___________________________ Last Name ___________________________

Address ___________________________ City __________ State ______ Zip ___________

Primary Number _____________________ Email ________________________________

Texting Number _____________________ Cell Phone Provider (AT&T, Verizon, etc.)

Date of Birth: ___________/_________/_________ Age (as of January 1, 2020) ___________

Child’s school? _____________________ Parent/Guardian Name _______________________

Uniform Size (circle one): Uniforms run small. YS (5-8) YM (10-12) YL (14-16) AS AM AL AXL

Division (circle one): Instructional (ages 5-6) Rookie (ages 7-8) AA (Ages 9-11) AAA (ages 12-14)

Are you interested in sponsoring a team? Yes No Business Name ______________________

I/We, the parent(s) of _____________________________ fully understand the risk of personal injury due to my participating in the City of Cape Girardeau Parks and Recreation Department League, and hereby agree to assume such risk. In consideration of the opportunity to participate in this league I hereby waive all claims for personal injury and property damage, of any kind of character whatsoever, against the City of Cape Girardeau. In addition I hereby release the foregoing from liability for any such claims that may arise from, or occur as a result of, my participating in the City of Cape Girardeau Parks and Recreation Department League. In further consideration for the opportunity to participate in the City of Cape Girardeau Parks and Recreation Department League, I hereby agree to indemnify and hold harmless the City of Cape Girardeau, and all league officials, and coaches, including but not limited to relatives of participants in the City of Cape Girardeau Parks and Recreation Department League, for personal injury that may result from or be caused by intentional, deliberate, reckless, or negligent conduct. This indemnity shall survive my child/dependent’s participation in this City of Cape Girardeau Parks and Recreation Department League. I certify that my child/dependent is in good physical health and I have no knowledge of my child/dependent having a history of any type of physical or mental ailment that would present a risk of physical danger to my child/dependent or any participant in the City of Cape Girardeau Parks and Recreation Department League. I/we will furnish a certified Birth Certificate of the above named player upon request of the league officials. I/We have read the above carefully, understand it, and agree to it.

_________________________ / _____________

Parents or Guardian signature Date

COACH FORM

Only fill out if interested in coaching. A mandatory background check will be completed for every potential coach.

Coach’s Name ___________________________ Player’s Name __________________________ Age ______

Address ___________________________ City __________ State ______ Zip ___________

Primary Number _____________________ Email ________________________________

Texting Number _____________________ Cell Phone Provider (AT&T, Verizon, etc.)

Circle One: Head Coach Assistant Coach Either Shirt Size (circle one): AS AM AL AXL 2XL 3XL

HEAD COACHES ONLY:

Do you have an assistant coach (only 1 asst.)? Yes No If yes, assistant coach’s name: ___________________________

ASSISTANT COACHES ONLY:

Do you have a head coach you would like to join? Yes No If yes, head coach’s name: ___________________________

_________________________ / _____________

Coach’s signature Date