

PLAYER INFORMATION

*Please Print Clearly!
All Fields Must Be Completed!*

First Name _____
Last Name _____
Gender Male / Female
Date of Birth _____
Grade _____
School _____
Address 1 _____
City/St/Zip _____
E-Mail _____
Phone 1 _____
Phone 2 _____
Height _____

Total Years of Softball Played _____

Shirt Size - Select One Size (**they run small**)

YM (10-12) YL (14-16)
 AS AM AL AXL

Parent's Signature Required

All players participate in games, tournaments, etc. at their own risk. LYS is not responsible for accidents, injuries, or lost equipment.

X

NOTICE: Parent signature is REQUIRED on both sides of the registration form.

VOLUNTEER INFORMATION

Thank you!

First Name _____
Middle Name _____
Last Name _____
E-Mail _____
Phone 1 _____
Phone 2 _____
I am interested in :
 Coaching Assistant Coaching
Date of Birth _____

APPLICATION FOR VOLUNTEER COACHING POSITION

LYS screens potential coach's backgrounds to provide protection for our kids. The screening process includes a police record search performed by the Washington State Patrol. This process could result in your application being rejected however a criminal conviction will not necessarily result in automatic rejection as both the nature of the offense and when it occurred will be considered by the LYS Board's screen committee.

We appreciate the fact that this is an intrusion into your personal affairs but ask for your understanding and cooperation as LYS strives to provide quality recreational opportunities for the youth of Lynden.

WAIVER

By signing this form, the applicant also acknowledges that it is understood that the information provided will be given to the Washington State Patrol to be used in a check of the applicant's background. The applicant agrees not to hold Lynden Youth Sports or the Washington State Patrol liable if this application is rejected on the basis of the information revealed through the background check.

Volunteer's Signature Required

X

SPONSOR INFORMATION

Team Sponsorship fees help with gym rentals, referees, trophies, and miscellaneous expenses.

Co. Name _____
Co. Address _____
City/St/Zip _____
E-Mail _____
Phone 1 _____
Check # _____ Bill Me

SHIRT COLOR PREFERENCE

Consideration given for fee paid in advance.

1st Choice _____
2nd Choice _____

Please include \$100.00 Sponsorship fee with this application and mail to:

**LYS
P.O. Box 10
Lynden, WA 98264**

Save a stamp, check and envelope!
Register and pay for your sponsorship online!

DISCLAIMER: This information is provided as a public service only. Lynden School District does not sponsor or endorse this activity.

By: Aimee Green Date: 1-18-19

**LYNDEN YOUTH SPORTS
SLOW-PITCH REGISTRATION
2017 Season**

Registration Fee: \$45
Registration Deadline: April 1, 2018
Registration Fee After Deadline: \$50
(First come, first serve after deadline)

Open to all **Girls, Grades 3rd – 5th** who live or attend school within Whatcom County communities.

Practices will begin the week of April 8. Teams will play two games per week, depending on the number of teams. Games will begin approx the week of April 29th and run through late May

Only one child per registration, please. Additional forms can be printed from our website. Photo copied forms will be accepted as long as all information is complete and signatures are original. Special requests may not be honored. **Notice: Parent signatures are REQUIRED on both sides of this registration form.**

*Player and Sponsor registration/payment are now being accepted online!
Visit our website at:
www.lyndenyouthsports.com
Click on the "online registration" link!*

Mail completed Registration Forms to:

**LYNDEN YOUTH SPORTS
PO Box 10
Lynden, WA 98264**

For further information, contact LYS at:
Phone: 360-354-0597
Online: www.lyndenyouthsports.com
E-Mail: lyndenyouth@gmail.com

RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of a reduction of rental fees that might otherwise be chargeable for use of the LYNDEN SCHOOL DISTRICT NO. 504's athletic facilities, including gymnasiums, and for other good and valuable consideration, the undersigned executing this agreement either individually or as a parent or guardian on behalf of a child or ward, hereinafter referred to collectively as "Member" of the LYNDEN YOUTH SPORTS, which will be using such athletic facility or facilities, covenants and agrees as follows:

1. "Member" by using said athletic facility, certifies that he or she is cognizant of all the inherent dangers associated with participating in such athletic activity and/or using such athletic facility and that such use may result in injury or other damages to "Member" or his or her family, heirs or assigns, and in with such use and further agrees to release the LYNDEN SCHOOL DISTRICT NO. 504, it's Board of Directors, administrators and employees, including instructors, from all claims for personal injuries, property damage, loss of service or expenses of any nature whatsoever, arising out of or occurring as a result of "Member" use of said LYNDEN SCHOOL DISTRICT athletic facility.

2. Without limiting the generality of the foregoing, the undersigned "Member" individually and on behalf of his or her child or ward, further agrees to indemnify and hold harmless the LYNDEN SCHOOL DISTRICT NO.504, its Board of Directors, administrators and employees from any and all claims, suits, liability, loss or damages of any kind or nature "Member" individually and on behalf of his or her child or ward may suffer as a result of or arising out of the use of any athletic facility, including school gymnasiums, of the LYNDEN SCHOOL DISTRICT by said member of their child or ward.

3. "Member" further states that he or she is lawful age and legally competent to sign this release and indemnification Agreement or is the parent or legal guardian of a child who will be using said athletic facility and is authorized to sign said Release on behalf of such child or ward.

4. "Member" further states that he or she has viewed the athletic facility of the LYNDEN SCHOOL DISTRICT and considers the facility safe for the intended use.

5. "Member" further states that he or she will obtain medical insurance with coverage for any injuries up to \$5,000.00 as a precondition to using the districts athletic facilities or that he or she has existing medical coverage of like Amount with _____ insurance company.

6. That said "Member", parent or guardian, understands that the terms herein are contractual and not a mere recital and that said "Member" parent or guardian has signed this document as his or her own free act.

Parent's Signature Required

X



**Rec *SLOW-PITCH*
REGISTRATION
2018 Season**

****Slow-Pitch open to all Whatcom
County girls****

GIRLS 3RD-5TH GRADE

Registration Fee: \$45.00

Registration Deadline:

April 1, 2018

**Registration Fee After Deadline: \$50.00
(First come, first serve after deadline)**

Practices Begin:

April 8, 2018

**** Attention Players and Sponsors!**
Register & Pay Online!
Visit our website at:
www.lyndenyouthsports.com
**Click on the "online registration"
link!****