

# Winston County Youth Association 2021 Baseball & Softball Registration

You may begin signing up now until the deadline at 12:00 PM, Saturday, February 13, 2021. **Fees for all ages are \$70.00 per child.** Check or money order only will be accepted by mail, which can be mailed to P.O. Box 1093. Registration will be accepted at the coliseum from 8:00 to 12:00 on February 13th. Cash, check, or money order will be accepted in person on February 13th. All age groups will be provided a complete uniform with their registration fee. Please submit the form below by Saturday, February 13th, and bring a photocopy of the child's birth certificate as proof of age. All players will be admitted into the draft, and will be chosen by the coaches. Age cut-offs are May 1<sup>st</sup> for boys and January 1<sup>st</sup> for girls to determine what league they will be in. This year, the age groups will be 3-4 T-Ball, 5-6 Modified Coach Pitch, 7-8 Coach Pitch, 9-10 Baseball/Fastpitch, and 11-12 Baseball/Fastpitch. **Only siblings will be guaranteed to be on the same team. Transportation reasons do not apply during the draft. Please do not turn this form into you're your school. Visit [www.thewcya.org](http://www.thewcya.org) for more information.**

Player's Name: \_\_\_\_\_ Boy or Girl (Please Circle One)

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Player's Shirt Size:** Youth X-Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34"- 36") Adult Medium (38"-40") Adult Large (42"-44") Adult X-Large (46"-48")

**Player's Pants Size:** Youth X-Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small Adult Medium Adult Large Adult X-Large

Would you like to coach a team? If so, please give us your name. \_\_\_\_\_

Coach's Shirt Size \_\_\_\_\_

Would you like to sponsor a team for \$250.00? If so, please give us your sponsor name.  
\_\_\_\_\_

Player's doctor: \_\_\_\_\_ Any medical conditions or medicines \_\_\_\_\_

## Parent/Guardian Release

As the parent or guardian of the above named player, I verify that such child is in good health and has my permission to participate in competitive soccer with the Winston County Youth Association. I do further give my permission for such child to receive emergency and surgical treatment procedures of any kind and nature, which may be deemed advisable by any physician who may attend or treat such child at or during all soccer related activities, including going or coming from practice, activities, or games. I hereby absolutely assume all indemnity and hold harmless the City of Louisville and the Winston County Youth Association, including the person transporting my child to and from activities, and from every claim, demand, action or right of action, of whatever kind or nature, either law or inequity arising from or by reason of any know or unknown, or death to my child or property damage whether the result of negligence or any other case.

I understand that the name entered below will be regarded as the Parent's/Guardian's official signature to this form. By signing my name below and submitting this form, I am verifying that I have read and agreed to the terms of the Parent/Guardian release above.

Sign Parent's Name \_\_\_\_\_ Print Parent's Name \_\_\_\_\_

Once uniforms are ordered, there will be no full refunds. Due to COVID-19, the season start dates and game dates may be subject to change. Local and State health regulations will be observed.