

WYSA PO Box 134 Mound, MN 55364

(612) 581-4725 (Theresa Brink)

**Mound-Westonka In-House Fastpitch Softball
Westonka Youth Softball Association
2010 Registration Information
www.moundfastpitch.org**

In-House Registration

Fee:

\$60 for session 2

Please make checks out to WYSA and mail in with registration form.

WYSA

PO Box 134

Mound, MN 55364

Level 2 for girls in grades 3-4 for 2009-2010 school year

We're partnering with Waconia, Winstead, Norwood, Cologne, Watertown, Lester Prairie, and Silver Lake.

Session 2: player pitch, practices will start mid July

Home games will be played in St. Boni, away games will vary, practices will be in Mound.

Games will be Mondays and Wednesdays with 1 extra practice during the week. Coaches will have final say.

Game Dates: July 26, 28 & August 2, 4, 9 & 11

Game Time: 6:00 or 7:30 pm

Travel team information is on our website

**Mound-Westonka In-House Fastpitch Softball
Westonka Youth Softball Association
2010 Registration Form**

Name: _____ Birth Date: _____ Current Grade: _____
Address: _____ Age as of 1/1/2010: _____
City: _____ Zip: _____ Sister(s) in program: _____
Home Phone: (_____) _____
Father name: _____ Work Phone (_____) _____ Cell (_____) _____
Mother name: _____ Work Phone (_____) _____ Cell (_____) _____

Please pick one level:

___ Session 2 (grades 3-4)

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the 'Organization' (Westonka Youth Softball Association), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with fastpitch softball and in consideration for the Organization accepting the registrant for its fastpitch program, I hereby release, discharge and or otherwise indemnify the Organization, their employees and associated personnel, including the owners of the fields and facilities utilized for the program against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Signature Date

Emergency Information (please fill out each year)

Physician/Clinic _____ Phone #: (_____) _____
Medical Insurer # _____ Policy Group # _____
Dentist _____ Phone # (_____) _____
Dental Insurer _____ Policy Group # _____

Who Should Be Contacted if Parent/Guardian cannot be reached

Name _____ Phone # (_____) _____ Relationship _____

As Parent/Guardian of a participant in the program, I hereby give my consent for emergency medical care prescribed by a duly licensed physician or dentist. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependant.

Signature Date

Current E Mail Address _____