

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

Mound-Westonka Fastpitch is a traveling softball program that plays in the Suburban League against teams in the Metro area.

**Travel Registration** - Last day to register is Tuesday, March 9<sup>th</sup>.

Fee:

\$300 (10U\*-16U)

\$25 discount for each additional child in family

\$25 discount for each used uniform (current uniform only - 1 per player)

\$55 Uniform - **These will be purchased by each player thru WYSA** (same as last year's).

**If you need a uniform**, please see our website to print off the uniform order form or call Chris Johnson at (952) 472-4145. Uniforms will consist of 1 top, 1 short and 1 pair of socks. All girls will receive a pair of socks from their coach. We hope to have used uniforms to buy for \$25 each; please call Chris Johnson for more details.

\*Players wanting to try out for the 10U Blue travel team will be asked to pay up front. Checks will not be cashed until the team is formed.

**Each player will be required to get her own helmet with an attached face mask (NOCSAE approved stamp on mask) and a chin strap. Each player will also provide their own sliding pad and batting gloves. Most sporting goods stores have these. Please bring a photo copy of the student ID and also photo copy of the players Birth Certificate to tryouts.**

Age Groups are:

10U 10 years old or younger on Jan 1, 2010 (born 1999 thru 2001)

12U 12 years old or younger on Jan 1, 2010 (born 1997 thru 1998)

14U 14 years old or younger on Jan 1, 2010 (born 1995 thru 1996)

16U 16 years old or younger on Jan 1, 2010 (born 1993 thru 1994)

**\*\*\*In-house program (age 6 – grade 4) is separate, please see website for information.**

**We ask ALL players that are 14 & Under and want to play travel ball, to come to tryouts. Skill assessment is important to create competitive and fun teams.**

## Tryouts

Will be held in the Mound-Westonka High School Gym. All players playing 10's, 12's, 14's should come to one tryout, you're welcome to come to both. There will be a meeting for 16's.

Please try to register prior to try outs, we will have someone accepting registrations the day of Sunday, March 7<sup>th</sup> 4:30-9p

10's Check in at 4:30p; Evaluations from 4:45-6

12's Check in at 5:45p; Evaluations from 6-7:15

14's Check in at 7p; Evaluations from 7:15-8:30

16's meeting at TBD in B100 hallway

Tuesday, March 9<sup>th</sup> 7pm – 10pm (no break out this day) check in at 7:00pm

Tryouts will include: Hitting, bunting, throwing, fielding, base running, pitching and catching

**Please bring a photo copy of the student ID and also photo copy of the players Birth Certificate to tryouts.**

Teams:

10U,12U and 14U are from April – mid-July

16U 's are from late May – late July

National Tournaments late July/early August.

**Blue teams** typically practice 2 nights a week and have games 2 nights a week. Most weekends (Saturday and Sunday) will have tournaments and the goal of a blue team is to qualify for state, do well at state and possibly advance to a national tournament. **Playing time is not guaranteed or equal.** This is at all age levels. You must tryout to play on any Blue Team.

**White and Black teams** will play games 2 nights a week and will typically practice 1 night a week and plus tournaments. The goal at these levels is to learn and have fun competing. **Fair playing time is attempted for each player. We do the best we can, but it is not possible to create fair playing time for all players.**

**In-house Teams** (\$85/player)

Any 10U player that does not make the 10U Blue team will be able to play in the In-house program.

**Level 1 for girls age 6 - grade 2**

We are partnering with Waconia for Level 1 (Tue/Thu).

There will be 1 session for Level 1 (ages 6 - grade2). Games will be June - mid July, practices will start late May

**Level 2 for girls in grades 3 and 4**

Level 2 (Mon/Wed) we're partnering with Waconia, Winstead, Norwood, Cologne, Watertown, Lester Prairie, and Silver Lake.

There will be 2 sessions for Level 2 (grades 3-4).

session 1: coach pitch, games will be June - mid July, practices will start late May

session 2: player pitch, games will be late July - mid Aug, practices will start mid July

**Please see our website for more In-house program details.**

**Mound-Westonka Traveling Fastpitch Softball  
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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 (\_\_\_\_\_) \_\_\_\_\_

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** \_\_\_\_\_

\*\*\*\*\* Please Print Legibly\*\*\*\*\*