



2009 Season Registration

What is Happy Valley Softball Association?

- Recreational & Competitive Girls' Fast Pitch Softball for those living in the Clackamas High School Area, ages 5 to 14.
- Program operated by parent volunteers in cooperation with Clackamas County ASA Softball & Clackamas High School.
- Emphasis on learning softball, developing skills, teaching sportsmanship, and having FUN.

To Register:

- **Complete Registration Form**, attach payment, and enclose **COPY** of player's birth certificate.
NOTE: If your child played with HVSA before a birth certificate copy is NOT required.
- **Walk-In Registration:** Tuesday, January 6th 6:30 - 8:00 pm at Spring Mountain Elementary School
- **Make Checks Payable to "HVSA" & Mail to:** HVSA, 11374 SE Cedar Way, Happy Valley, OR 97086
- **Registration Fees:** T-Ball / 8U @ \$85.00 10U / 12U / 14U @ \$125.00
 Please check the box for the level of play in 2009. Maximum fee per family is \$225.00.
- **Competitive "B" Level:** Skill Assessments held in January for age 10U/12U/14U. Please visit Web site for details.
- **Registration Deadline: Sunday, February 1st, 2009.**
- **No Refunds** after 2/15/09.

Uniforms: Players must visit Asphalt Jungle (14634 SE Sunnyside Ave 503-558-8555) between 12/8 – 2/15 for sizing.

Photo Release: Please check the box for permission to use your daughter's picture on the web site NO / YES

Questions: Call: Marty Ebner @ 503-698-8371 or Email: HVSA@comcast.net or Web site: www.hvsoftball.org

Player's Name: _____ Parents' Names: _____

Address: _____ Zip: _____

Email Address: _____

Day #: _____ Evening #: _____ Cell #: _____

Date of Birth: _____ Age on January 1, 2009: _____

Played ASA in 2008: YES NO Team/Coach: _____

School Attending: _____

Emergency Contact Name: _____ Phone #: _____

Player's Doctor: _____ Phone #: _____

Medical Insurance Provider: _____ ID #: _____ Group #: _____

I understand that softball is a potentially hazardous activity and have discussed safe conduct and behavior with my child. I authorize HVSA to act for me, according to their best judgment, in the event of an emergency. I understand the expenses arising from injuries and medical problems are the responsibility of the parents/guardians. All parents and players will be signing a "code of conduct" prior to playing.

Parent's/Guardian's Signature: _____ **Date:** _____

Parent Support: Check areas of interest:

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Coach / <input type="checkbox"/> Assist Coach | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Team Sponsor | <input type="checkbox"/> Field Maintenance |
| <input type="checkbox"/> Concession Stand Coordinator | <input type="checkbox"/> Umpire | <input type="checkbox"/> HVSA Board Member | <input type="checkbox"/> Equipment Manager |

COACHES NEEDED – training available – (ASA requires background checks for all coaches)