



2011 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 in 2010 a copy of her birth certificate is NOT required.
- **Make Checks Payable to "HVSA" & Mail to:** HVSA, 11374 SE Cedar Way, Happy Valley, OR 97086
- **Registration Fees:** T-Ball / 8U @ \$90.00 10U / 12U / 14U @ \$130.00
 Please check the box for the level of play for the 2011 season. Maximum fee per family is \$250.00.
- **Registration Deadline: Tuesday, February 1st, 2011.**
- **No Refunds** after 2/15/11

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

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|--|--|-------------------------------|----------------|
| Player's Name: _____ | | Parents' Names: _____ | |
| Address: _____ | | | Zip: _____ |
| Email Address: _____ | | | |
| Day #: _____ | Evening #: _____ | Cell #: _____ | |
| Date of Birth: _____ | | Age on January 1, 2011: _____ | |
| Played ASA in 2010: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Team/Coach: _____ | |
| School Attending: _____ | | | |
| Emergency Contact Name: _____ | | Phone #: _____ | |
| Player's Doctor: _____ | | Phone #: _____ | |
| Medical Insurance Provider: _____ | | ID #: _____ | Group #: _____ |
| <p>I understand that softball is a <u>potentially hazardous</u> 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.</p> | | | |
| 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)