

# Southwest Louisiana USSSA

2012 Player Registration Form  
 PO Box 6632  
 Lake Charles, LA 70606

Web Site - [www.SWLAUSSSA.com](http://www.SWLAUSSSA.com)  
 E-mail - [info@SWLAUSSSA.com](mailto:info@SWLAUSSSA.com)

**God Bless America!!!**



**Submit All of the Following Items:**

- 1) Completed Form
  - 2) Copy of Birth Certificate
  - 3) Registration Fee
- Make Checks Payable to USSSA**  
**Registration - \$70 ( Mail in) \$65 (On-Line)**  
**(All Teams also Pay a \$350 Sponsor Fee)**

**SUBMIT ALL THREE ITEMS:**

Mail to the Address to Left or  
 January 21 - Academy Sports - 9am - 2pm

Players Last Name		First Name		Mi	
Mailing Address			City	ST	Zip
Mother or Guardian's Name		E-Mail Address		Home Phone	Work Phone
Father or Guardian's Name		E-Mail Address		Home Phone	Work Phone
Date of Birth / /	Circle Players Shirt Size Youth - S, M, L Adult - S, M, L, XL, 2XL	Throwing Hand 1) Right 2) Left	Circle One 1) Returning Player 2) New Player	Did you Play in this League Last Season? YES NO	

**\* Please Check the Appropriate Age**

\* Age of Child is based on the Age of the Child on December 31, 2011 - Except 4U, as long as they turn 4 by December 31, 2012, they are eligible.

**ENTER YOU OWN TEAM** in the 4U, 5U, 6U, 7U and 8U May enter entire teams or partial teams and we will supplement

**CIRCLE ONE AND CHECK AGE**

**BOYS BASEBALL      GIRLS SLOW PITCH      GIRLS FAST PITCH**

<input type="checkbox"/> 4 Year Old	<input type="checkbox"/> 9 Year Old	<input type="checkbox"/> 14 Year Old
<input type="checkbox"/> 5 Year Old	<input type="checkbox"/> 10 Year Old	<input type="checkbox"/> 15 Year Old
<input type="checkbox"/> 6 Year Old	<input type="checkbox"/> 11 Year Old	<input type="checkbox"/> 16, 17, 18, 19 Year Old
<input type="checkbox"/> 7 Year Old	<input type="checkbox"/> 12 Year Old	
<input type="checkbox"/> 8 Year Old	<input type="checkbox"/> 13 Year Old	

**Parental (Adult) Support: Please check a box and participate in our youth program.**

Team Manager -  Assistance Coach -  Team Sponsor (\$350) -  Team Parent

I, the parent/guardian of the registrant, a minor, agree that myself and the registrant will abide by all rules of the Southwest Louisiana USSSA. In recognizing the possibility of injuries associated with baseball, I hereby release, and or otherwise indemnify the Southwest Louisiana USSSA, all of it's affiliated organizations, their sponsors, employees and associated people against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and being transported to or from the game. I also understand that there is an additional Sponsor Fee of \$350 per team. If a Sponsor is not found, then the fee is divided amongst the players.

**CONSENT FOR MEDICAL TREATMENT TO A (MINOR)**

As the parent or the legal guardian of the above named player, I hereby give my consent for EMERGENCY MEDICAL CARE prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well-being of my dependent.

BY: PRINT: \_\_\_\_\_ Sign: \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**PAYMENT AMOUNT:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **RECEIVED BY (PRINT):** \_\_\_\_\_