

LAKE COUNTY FASTPITCH PLAYER INFORMATION FORM

(Use the back of this form if more space is needed for any answers.)

Player Name _____

Address _____ City _____ Zip _____

Date of Birth _____ HS Graduation Year _____ T-Shirt Size (Men's Cut) _____

Player Email _____ Player Cell Phone _____

Home Phone _____ Current School _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mother's Email _____ Father's Email _____

Travel History

Year	Team Played On	Age Level (ie.16U)	Positions Played
2017			
2016			
2015			

High School History, if applicable (i.e., yrs on varsity, JV, sophomore, freshman teams):

Special Softball Skills (i.e., slapper) _____

Positions You Would Like to Play _____

Major Softball Awards/Recognitions/Accomplishments _____

Medical Issues/Medication _____

Other Teams Trying Out For _____

Is Lake County Your # 1 Choice _____ Yes / No

Other High School Sports/Activities _____

If Pitcher, Pitches Thrown (in order of effectiveness/confidence) _____

Pitching Coach _____

How did you hear about Lake County Fastpitch? _____

LAKE COUNTY FASTPITCH REGISTRATION FORM

You have chosen to try out for one of the Lake County Fastpitch Softball Association (LCFSA) travel teams for 2017-2018. These teams will consist of some of the best players in the Northern Illinois area and will play the best competition available. These teams will usually play 1-3 games per week, and several weekend tournaments. Depending on the team, an estimated 45-55 summer games will be played, with the season ending about July 31st or later if the team qualifies for Nationals. The teams will also practice year round (with the exception of the High School season per IHSA rules) and play additional exhibition games in the fall and winter.

For players to be eligible, the following applies:

- The player must meet eligibility requirements of Lake County Fastpitch, including, but not limited to:
 - Meeting ASA age requirements for team-calendar year cutoff. (i.e., a player 18 years old on 1/1/2018 is 18 years old for the season).
 - Committing to prioritize attendance at Lake County practices, games, and other events (i.e., team meetings or socials).
 - Paying the participating year's non-refundable registration fees after selection to the team.
- The player must participate in Lake County and travel team fundraisers to support the added expenses incurred by her travel team.
- The player must be available to play or practice during the travel season, generally from September, 2017 through July, 2018, or later if the team qualifies for Nationals. However, no Lake County practice or games will occur during the high school season in accordance with IHSA regulations.
- If the player is under the age of 18, the parent or legal guardian must sign this agreement, approving participation of the player for the entire 2017-18 travel season under the eligibility requirements identified in this document.

Once the LCFSA travel teams are announced and finalized, those players selected and agreeing to play will be ineligible to play in any other softball program for that year with the exception of their high school or college team. If a player decides to leave the Lake County team, the player/parent(s) will forfeit their entire team registration fee. The team manager will determine the registration fee for the season, usually in the range of \$500-\$800. Depending on the age level, the total annual expenses (not including travel and uniform costs) typically run between \$1,500 and \$2,500 per player. All equipment purchased by the team for the team with collected fees will remain property of LCFSA.

For travel team participation for the upcoming 2017-2018 season, you must complete the information below and return this form to a Lake County Fastpitch Softball travel coach.

Player's Name: _____

Player's Signature: _____ **Date:** _____

As the parent (or legal guardian) of the player named above, I approve of my daughter's participation in these tryouts and, if selected, on a 2017-2018 LCFSA travel team of their age group, and will abide by the eligibility and participation requirements established by the Lake County Fastpitch Softball Association (LCFSA).

I also understand that if, for whatever reason, we decide to leave the team I am responsible for our pro-rata share of team expenses (both paid and incurred) up until the day we give notice to leave the team. I further agree that I will repay any and all monies owed my team within 2 weeks of my child's departure or within 2 weeks of when I am notified of any amounts still owed by me.

I agree that I will make any team dues payments when due (typically Sept 1, Nov, 1 and April, 1) and that I understand managers are instructed not to play players who are not current on their team dues.

Parent's/Legal Guardian's Signature (if player is under 18 years old):

_____ **Date:** _____



Lake County Fastpitch Softball Association (LCFSA) Injury / Photography and Video Waiver

Player Name _____ Parent Names _____
Address _____ City _____
State _____ Zip Code _____ Player Birth Date _____

Fast Pitch Softball is an exciting sport, which may involve collisions with other players, the ball or the ground. The sport is often played in hot, humid weather. Because of these conditions, which are part of the game, players are exposed to the risk of serious injury. Injuries could include, but are not limited to, broken bones, concussions, paralysis, damage to internal organs and even death. Such injuries can result in short term loss of function and/or long-term impairment of physical abilities. In an effort to make the game of softball as safe as possible, the coaches of this team will teach the players the skills and rules of softball. Players must follow the coaches' instruction, rules and policies to reduce the possibility of injury. Team rules and policies are explained to players and parents at a pre-season meeting.

I/we, the undersigned, have read the warnings above and understand that fast pitch softball is a physical sport and that there are risks involved in participation. I/we further understand that there is a possibility that my/our daughter could be injured as a result of her participation. I/we understand that all Lake County Fastpitch teams and/or the Lake County Fastpitch Softball Association (LCFSA) carry team medical team insurance to cover players who are members of the team on an "excess" basis only, and that my/our personal insurance will be utilized first. I/we hereby, on behalf of my/our child and for myself/us, my/our child's heirs, executors and administrators do waive, release and forever discharge any and all rights and claims for damages which I/we or my/our child may have or which may hereafter accrue me/us or my child against any Lake County Fastpitch team and the Lake County Fastpitch Softball Association (LCFSA) and its respective officers, representatives, successors and coaches for any injury incurred during practice, games or supervised team travel to and from same; and by signing where designated below, acknowledge that I/we, as parent(s) or guardian(s), has/have received, read, fully understand and agree to all the terms and conditions of this waiver.

I/we give my/our permission for the above named girl to participate on a Lake County Fastpitch team for the 2017-2018 season, if selected for the team, and I/we certify that she is physically fit to take part in the softball program. I/we further authorize the coaches, or a representative of a Lake County Fastpitch team or LCFSA, to use his/her best judgment to protect, assist and seek medical attention for the above named minor in the event of an accident or injury.

Health Restrictions: Yes No If Yes, please explain: _____

Physician's Name _____ Phone _____

Photograph and Video Waiver

By trying out for this program, I understand that Lake County Fastpitch may take pictures and / or videos of players and participants during tryouts and at various times during the year. I agree that regardless of whether the person trying out actually becomes a member of a Lake County Fastpitch team, or not, that Lake County may use the photographs and videos in the normal course of their softball activities. I relinquish all rights in relation to the use of said photographs and videos.

Parent/Guardian Signature _____ Date _____