



# Application for PEFYA BASEBALL/SOFTBALL

Please mail this form and payment to:  
P.O. Box 91, Farmville, VA 23901

New Player???  Y (copy of birth certificate required)  N

Name: (as it appears on Birth Certificate) \_\_\_\_\_

Nickname: \_\_\_\_\_ Male  Female  Birthday: \_\_\_\_\_ Current Age: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Relationship to player: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Is this a new address?  Y  N

Email address: (for league info only) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Softball  
Age as of Dec 31st.

- |   |  |
|---|--|
| <input type="checkbox"/> Sweeties (4-6) | <input type="checkbox"/> Darlings (7-8)    |
| <input type="checkbox"/> Angels (9-10)  | <input type="checkbox"/> Ponytails (11-12) |
| <input type="checkbox"/> Belles (13-15) | <input type="checkbox"/> Debs (16-18)      |

T-Ball/Baseball  
Age as of May 1st

- |   |   |
|---|---|
| <input type="checkbox"/> T-ball (4-6)       | <input type="checkbox"/> Instructional (7-8)  |
| <input type="checkbox"/> Minor (9-10)       | <input type="checkbox"/> Major (11-12)        |
| <input type="checkbox"/> Dixie Boys (13-14) | <input type="checkbox"/> Dixie Majors (15-18) |

Shirt Size: Youth:  Med  Large

Adult:  Small  Med  Large  XL  2XL

**Fees:**  
\$55 per each child (T-ball, Instructional, Darlings, Minor, Angels, Major, and Ponytails)  
\$65 per each child (Dixie Boys, Belles, Dixie Majors, and Debs)  
**LATE FEE: \$10 per child.** Check PEFYA.com for due dates.

**Parent/Guardian Participation: PEFYA is an all volunteer organization, please help us keep it running.**  
I/We are willing to participate and assist with the following PEFYA activities:  
 Coach  Team Parent  Fundraise  Field Work Days  Concessions  Scorekeeper  Umpire

Consent/Waiver Agreement:  
I/We consent to my child participating the PEFYA and if I am not present hereby give my permission for the coach or representative of the Association to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations (allergies, hearing, sight, etc.) or other additional information they need to know about my/our child. I/We understand that PEFYA conducts fund raising activities in addition to the registration fee and that each player is strongly encouraged and expected to participate. I/ We understand that each parent may be asked to work the concession stand during the season.

Parent/Guardian Signature: \_\_\_\_\_

OFFICE USE: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_