



Application for PEFYA Baseball/Softball

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

New Player? yes (copy of birth certificate required) no

Name (as it appears on Birth Certificate) _____

Nickname _____ Male Female Birthday _____ Current Age _____

Parent/Guardian _____

Relationship to player _____ Home phone number _____

Address _____

City/State/Zip _____ Is this a new address? Yes No

Email address _____

Physician _____ Phone number _____

<u>Softball</u>		<u>T-Ball/Baseball</u>	
Age as of December 31st		Age as of May 1st	
<input type="checkbox"/> Sweeties (4-6)	<input type="checkbox"/> Darlings (7-8)	<input type="checkbox"/> T-ball (4-6)	<input type="checkbox"/> Instructional (7-8)
<input type="checkbox"/> Angels (9-10)	<input type="checkbox"/> Ponytails (11-12)	<input type="checkbox"/> Minors (9-10)	<input type="checkbox"/> Majors (11-12)
<input type="checkbox"/> Belles (13-15)	<input type="checkbox"/> Debs (16-18)	<input type="checkbox"/> Dixie Boys (13-14)	<input type="checkbox"/> Dixie Majors (15-18)

Shirt Size: Youth: Small Med Large

Adult: Small Med Large XL 2XL

Fees:

\$55 per child (T-ball, Instructional, Darlings, Minor, Angels, major and Ponytails)

\$65 per child (Dixie Boys, Belles, Dixie Majors, and Debs)

Late Fee: \$10 per child for each application that is received after the registration deadline!

*Parent /Guardian Participation: PEFYA is an all volunteer organization; please help us keep it running
I/We acknowledge that I will be required to work the concession stand at least 1 two hour shift during each season!
_____ please initial*

In addition, I/We would like to participate with the following PEFYA activities:

Coach Team Parent Fundraiser Field Work Days Scorekeeper Umpire

Consent/Waiver Agreement:

I/We consent to my child participating in PEFYA sports 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 fundraising activities in addition to the registration fee and that each player is strongly encouraged and expected to participate. I/We understand that each parent will be asked to work the concession stand during the season.

Parent/Guardian Signature _____

Office use: Cash _____ Check # _____ Amount Paid: _____