



2025 Plymouth Youth Softball League Registration Form



Email registrations to plymouthyouthsoftball@gmail.com

Mail registrations to PYSL, PO BOX 405, Plymouth, IN 46563

Make checks payable to Plymouth Youth Softball League

*\$50 per Child or \$80 for two. \$10 for each additional child within the same family. Anyone who cannot afford the fees will not be turned away.

Registration Deadline 3/31/2025*

*Registrations will be accepted after deadline but will result in an additional \$5 fee for special shirt run

Player First Name: _____ Player Last Name _____
 Player Date of Birth _____ Player Age as of 1/1/25 _____ Requested Division _____
 Uni-sex T-Shirt Size _____ Years of Experience _____
 List all siblings playing in league _____ Positions you want to learn: *Pitcher, Catcher, 1st, 2nd, SS, 3rd, Left Field, Center Field, Right Field*

Guardian First and Last Name _____ Relation to Player _____
 Mailing Address _____ City _____
 Main Contact Number _____ Texting Y/N _____
 Secondary Guardian _____ Relation to Player _____
 Contact Number _____ Texting Y/N _____
 Email Address(es) _____

Emergency Information

Main Contact (other than Guardians above) _____
 Phone Number _____ Relation to Player _____
 Secondary ICE Contact _____
 Phone Number _____ Relation to Player _____
 Medical Doctor _____
 Allergies _____
 Medical Conditions/Medications _____

Insurance, League Disclaimer, and Emergency Medical release: My child _____

wishes to participate in the Plymouth Youth Softball league in 2022. As the parent/guardian of this child I do hereby give my permission and approval for my child's participation in any and all off the activities pertaining to PYSL. I do hereby release, absolve, indemnify and hold harmless: ASA/NSA organizations, the City of Plymouth Park Department and Recreation Board, the city of Plymouth, Sponsors, Supervisors, the Plymouth Youth Softball League, its Board of Directors and League Board, and any and all including employees and agents thereof, participants and persons transporting my child to and from activities. In case of injury to my child, I waive all claims, whether based upon negligence or otherwise against the Plymouth youth softball League, Board members, League Board, Sponsors or any of the Supervisors, City of Plymouth, and Park & Recreation Board. I furthermore understand and agree that any insurance coverage provided through ASA/NSA or PYSL shall be secondary to any medical insurance that I may have and will only come into effect after my personal insurance coverage has been exhausted.

The League reserves the right to cancel any age division pending the number of sign-ups for that division. All monies will be refunded to those individuals involved. All information on this form must also be complete and accurate before his/her child can participate in any scheduled practice or games.

I authorize the softball coach, assistant coach, or Plymouth Youth Softball League board member to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I understand that I will be financially responsible for any and all care received.

Disclaimer/Covid/Conduct (Copies available upon request)

____ By initialing, I indicate I have received and agree to the Covid Waiver
 ____ By initialing, I indicate I have received and agree to conform to the PYSL Code of Conduct Policies
 ____ By initialing, I indicate I have received and agree to the Media Release Form granting permission to use photographs taken during PYSL events

Community Support: We need your help!!!

____ Head Coach ____ Concession Varsity HS Games (April/May) ____ Concession Blueberry ____ Blueberry Scoreboard
 ____ Assistant Coach ____ Concession Youth (June/July) ____ Blueberry Field Crew ____ Other/Committee member

Parent/Guardian Signature _____ Date _____

Printed Name _____