



Terrell Mill Softball Association

Spring 2012 Fast Pitch Registration Form



Home of the "2006 Titans 12U-B ASA National Champions"

Mail-in registration Spring '12 must be postmarked by Feb 20th to avoid reg fee increase

Player Information

Name: _____ Phone #: () _____
Last First

Address: _____
Street City Zip Code

County: _____ D.O.B. ____ / ____ / ____ Age: _____
on Dec. 31, 2011

School: _____ Player E-mail: _____

Parent / Guardian Information (Check appropriate box(s) to volunteer)

Father: _____ Home #: () _____ Coach Asst Sponsor Manager
 Work #: () _____ Cell #: () _____ E-mail: _____

Preferred method of contact = Emails_, H_, W_, C_ (enter priority = 1,2,3,4)

Mother: _____ Home #: () _____ Coach Asst Sponsor Manager
 Work #: () _____ Cell #: () _____ E-mail: _____

Fees per player (Please circle the appropriate program(s), item(s), and calculate fees)

	Cobb Resident	Non Cobb Resident*	Fee Calculation
Tee Ball 6U, Coach Pitch 8U :	\$100	\$125	\$ _____
Fast Pitch 10U, 12U, 14U, & 16U :	\$120 / \$135**	\$145 / \$160**	\$ _____
Family Fee Discount (2 or more players)	< \$25 >	< \$25 >	- \$ _____
Player Sponsor Rewards	< \$__ >	< \$__ >	- \$ _____
Do you pay city taxes? (Required by Cobb County) <u>Circle</u> Yes or No			
		Total Fees Due	\$ _____

* An additional fee of \$25.00 per player is assessed by Cobb County for all non-resident participants.
 ** Registrations postmarked 02-21-2012 or later are subject to increased registration fee.

I/We, the parent(s)/Guardian(s) of the above named player give approval and permission for her participation in the Terrell Mill Softball Association Program. I/We assume all risks and hazards incidental to the conduct of activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless Cobb County Department of Parks, Recreation and Cultural Affairs, Terrell Mill Softball Association, the organizers of the activity, sponsors, supervisors, coaches any and all of them. In the event of injury to my/our daughter, I/We hereby waive all claims against the organizers, sponsors, or any of the coaches, managers, or supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our daughter to or from the activity, or to the doctor or hospital in case of emergency. I/We further agree to abide by all rules and regulations as set forth by the TMSA Board of Directors.

Parent/Guardian Signature: _____ Date: _____

Please make checks payable to: **TMSA**
www.TMSASoftball.org

Mail Registration to: **P.O. Box 70542**
Marietta, GA 30007-0542

Note : A \$25.00 fee will assessed for all returned checks!

Players receive jersey, socks, & Titans car magnet.
 e.g., Jersey : **YS, YL, AM, AXL, etc**

Jersey: __ Sizes : Youth **S**(6-8) **M**(9-13) **L**(14-16) Adult **S**(34-36) **M**(38-40) **L**(42-44) **XL**(46) **XXL**(50)

Date: _____	Rec'd by: _____	Check No: _____	Amount Paid: _____
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Request / Notes: _____ *Player Rewards: _____