

Osceola Youth Softball League, Inc. Registration

P.O. Box 422131 ● Kissimmee, FL 34742-2131

www.osceolayouthsoftball.com

email: oyslsoftball@gmail.com

407-288-8035

Player's Name: _____ Birthdate: _____

Parent's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____ Cell Phone: _____

In case of emergency, notify: _____ Phone: _____

My daughter, _____ is in good health and has my permission to participate in all Osceola Youth Softball League Activities. I agree to the "Parent Code of Conduct" printed on the reverse. I agree to support the league in all fundraising efforts and to work the concession stand when her team is assigned this duty. Without reservation, I hereby authorize the use of information about my child and photos of my child and other family members with or without identification by OYSL. No refunds will be given after 7 days of a signed registration form.

Parent's Signature: _____ Best phone # for contact: _____

My daughter cannot practice on the following days: Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Please list any siblings that are playing in the league: _____

Would you like for the siblings to be placed on the same practice nights? Yes _____ No _____

OYSL USE ONLY	PARENT COMPLETE	OYSL USE ONLY
Returning Player _____ Previous Team _____	Shirt Size – Circle size	Fees Collected \$ _____
New Player _____ Birth Certificate Received _____	Youth S M L	Cash Check Card
League Age _____ School _____	Adult S M L	Zelle/oyslsoftball@gmail.com
Assign to: League (circle) 6↓ 8 ↓ 10↓ 12↓ Senior Division	XL 2XL 3XL	Registered by _____
Team _____	OYSL does not provide pants. Black softball pants are required for all teams.	Date _____