

FALL LEAGUE 2021
CAPE FEAR OPTIMIST CLUB, INC., WILMINGTON, NC.



REGISTRATION FEE: Softball - \$45.00

PLAYER: LAST: _____ FIRST: _____ MI: _____ BIRTH DATE: ____/____/____

ADDRESS: _____ City: _____ STATE: _____ ZIP: _____

PHONE: _____ Parents EMAIL: _____

SHIRT SIZE (Circle one): YS - YM - YL - AS - AM - AL - AXL - AXXL

2021 CFO Spring League: _____ 2021 CFO Spring Team: _____

LOCATION PLAYED OTHER THAN CFO: _____

SPECIAL REQUESTS: _____

CAPE FEAR OPTIMIST CLUB WEB PAGE: **WWW.CAPEFEAROPTIMIST.COM**

A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION OR ALREADY ON FILE WITH THE CAPE FEAR OPTIMIST CLUB.

To the Board of Directors, Cape Fear Optimist Club, Inc. I, the parent or guardian of the registrant above, do hereby give my consent and approval to his/her participation in all baseball/softball and associated activities during the current season he/she is eligible to participate. I assume all risks incidental to the conduct of the activities and transportation to and from the activities; and do further release, absolve, indemnify and hold harmless Cape Fear Optimist Club, Inc., the organizers, sponsors, and the supervisors, and or all of them. I likewise release from responsibility any person transporting my son/daughter to or from the activities.

By signing this registration, I agree I have read and understood the above statement.

PARENT OR GUARDIAN (PRINT NAME): _____

RELATIONSHIP TO CHILD: _____ SIGNATURE: _____

***** DO NOT COMPLETE THE INFORMATION BELOW *****
SOFTBALL

_____ SWEETIES (6U)

_____ DARLINGS (8U)

_____ ANGELS (10U)

_____ PONYTAILS (12U)

_____ BELLES (15U)

STATUS OF PLAYER: _____ RETURNING OR _____ DRAFT LEAGUE AGE: _____

BIRTH CERTIFICATE ON FILE: ____ YES ____ NO FEE PAID: ____ YES ____ NO

CAPE FEAR OPTIMIST REP INITIALS: _____ CASH: _____ CHECK # _____

ASSIGNMENT/ COMMENTS/ INSTRUCTIONS: _____
