



**STOW Y.E.S. INC SOFTBALL**  
**FEVER PLAYER REGISTRATION**  
**P.O. Box 1338 Stow 44224**

PLEASE PRINT

Fever Team: 12U 14U 16U

Player's  
Name \_\_\_\_\_ HomePhone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Playing Age\* \_\_\_\_\_

School Attending and Grade \_\_\_\_\_

High School Softball Experience \_\_\_\_\_

Last Year's Team \_\_\_\_\_

Year's Playing Travel Softball \_\_\_\_\_

Primary Position \_\_\_\_\_ Other Positions \_\_\_\_\_

Do You Pitch? \_\_\_\_\_

Do you have pitching coach? If so who \_\_\_\_\_

**As the parent or legal guardian of the above registered player, I understand that by signing this document I release Stow Y.E.S. Inc. , its directors, agents, officers, and volunteers from any liability associated with the activities in which my child is involved.**

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_