

2024 REGISTRATION FORM

RETURN THIS FORM ALONG WITH YOUR CHECK MADE PAYABLE TO:

Kerri Cobb Harrison ~ 2540 Gayton Centre Drive ~ Henrico, Va 23238 ~ (804)405-8494

NAME _____ Age _____

ADDRESS _____

CITY _____ ZIP _____

PHONE (DAY) _____

(EVENING) _____

(CELL) _____

EMAIL (PARENT) _____

PLAY TRAVEL BALL? Yes No

PRIMARY POSITION _____

SECONDARY POS. _____

INSURANCE COMPANY _____

POLICY # _____

Insurance Form Provided? Yes No

***** PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD
WITH YOUR REGISTRATION FORM IN ORDER TO PARTICIPATE!!!!**

EMERGENCY CONTACT _____

EMERGENCY PHONE _____

T-SHIRT (CHECK ONE)

Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

Adult Extra-Large

I hereby authorize Kerri Cobb Harrison and her staff to act for me in any emergency and hereby waive and release All-American Fast Pitch Softball and/or associate staff from any and all liability for any and all injuries while participation in any instruction program from the date forth. Medical Insurance shall be my responsibility (parents/guardians) unless stated in writing otherwise, I fully understand that Kerri Cobb Harrison, All-American Fast Pitch Softball and their staff reserves the right to use photographs of ballplayers for publicity and advertising purposes.

Signature of parent or guardian _____

Date: _____

Paid by: Check # _____

Amount _____

Must Register By:

June 10, 2023

After JUNE 11th, there is a \$25.00 late fee. No refunds.

EMAIL: Allamericancoach@aol.com

Visit my website at:
www.AaFastpitch.com