

Amount Paid \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ NRC Staff \_\_\_\_\_

*For NRC Use Only*

# Youth Softball

## 2025 Registration Form

***We are in need of volunteer coaches, regardless of your experience.  
Coaching is about a 5-8 hour commitment each week...that's it!  
(1-2 games, 1 practice)***

*Your interest in working with the kids is what matters most.*

***Want to umpire? We will pay you (in Amazon Gift Cards)!***

Are you interested in being a coach?	Yes	No
...an assistant coach?	Yes	No
Are you interested in being an umpire?	Yes	No

**The age groups are as follows: Rookies (age 6-8), Minors (age 9-11), Majors (12-15).**

Player Name: \_\_\_\_\_ Age as of August 1, 2025 \_\_\_\_\_

Shirt Size (circle one only per child):

Youth Size:	S	M	L	
Adult Size:	S	M	L	XL

Parent/Guardian: \_\_\_\_\_

Email address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

If your child will be missing any part of the season (6/16– 8/8), indicate the dates:

\_\_\_\_\_

What, if any, allergies does your child have? \_\_\_\_\_

What, if any, medications are your child currently taking? \_\_\_\_\_

\_\_\_\_\_

Different Emergency Contact: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## Youth Softball League Release Waiver

I understand and accept the risk of physical injury through participation in the Department of Parks and Recreation Youth Softball League. I understand that there is no medical insurance provided by the Department of Parks and Recreation, the City of Nome or its employees, volunteers, and sponsors for the Youth Softball League. I will assume all risks, and I am aware that I shall be responsible for all medical costs that may arise from injury through participation in this program, as well as any other unforeseen costs that could arise. I hereby release the Department of Parks and Recreation, the City of Nome and their employees, volunteers, and sponsors from any and all liability arising from any injuries sustained directly or indirectly from participating in the Department of Parks and Recreation Youth Softball League. I certify that my dependent participating herein is in good health and physically able to participate in the Department of Parks and Recreation Youth Softball League. I hereby give permission to the Department of Parks and Recreation to use photos of my child for marketing purposes.

As a parent I agree to have a positive attitude this season and will refrain from any action or actions that may be deemed inappropriate or unsportsmanlike in nature. Unsportsmanlike behavior could result in removal from the softball fields at the discretion of the Department of Parks and Recreation Youth Softball League facilitators.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### League Outline

Season: June 16<sup>th</sup>-August 8<sup>th</sup>

Registration Deadline: June 4<sup>th</sup>

Late Registration Deadline: **Each team will have roughly 12-15 players. We'll accept late registrations up until these player spots are filled.**

Cost\*: \$25 first child, \$20 each additional child

**All equipment is provided!**