

**2011 REGISTRATION FORM  
TRI-WEST ASA FASTPITCH SOFTBALL  
A MEMBER OF WESTSIDE FASTPITCH ASSOCIATION**

Registration is open to all girls in the Tri-West area: Lizton, North Salem, Pittsboro and outlying areas.

**CIRCLE ONE – Age divisions: 8 & under 10 & under 12 & under 14 & Under**

Participation information note: Must be of age on or before January 1, 2011

**All new players in ages 10U, 12U & 14U will need to purchase  
new uniforms (jersey & shorts) for the 2011 season.**

**\*REGISTRATION FEE: \$60.00 PER CHILD**

FEE	\$60.00					<u>\$60.00</u>
Jersey	24.00	X	Qty _____	=	_____	
<b>*T-shirts will be included in the registration fee for all 8U Teams. Indicate size below.</b>						
Shorts	16.00	X	Qty _____	=	_____	
Sliding Pad	13.00	X	Qty _____	=	_____	
Visor	10.00	X	Qty _____	=	_____	
Socks	4.00	X	Qty _____	=	_____	
<b>Total Fee:</b>						<b>\$ _____</b>

**(Multiple child discount for registration fee: 1 child-\$60, 2 children-\$55, 3 or more children-\$45 each.)**

**Make checks payable to: TWYSL**

Jersey size:	Youth: S M L	Adult: S M L
Shorts size:	Youth: S M L	Adult: S M L
Sock size:	Youth: 6 – 9	Adult: 10 – 13
Sliding Pad size	S M L	

Name of Child _____	Date of Birth _____
Father's Name _____	Mother's Name _____
Address _____	Address _____
City/St/Zip _____	City/St/Zip _____
Home # _____	Home # _____
Cell # _____	Cell # _____
Email Address _____	Email Address _____

Any registration form with monies, received after March 1, 2011 is subject to team space availability. **Players need to be available for league and tournament play through August 2011.\***

Fundraisers are an important part of this organization to help offset costs to the league. We ask that everyone take part. If interested in a fundraiser "opt" out plan at the cost of \$50.00, please see the board president. **If a child gets a \$300 sponsor for the league, their registration fee will be waived (Sponsor money must be turned in with registration, one sponsor per child).**

I understand that my insurance is the primary policy used if a claim is made for any injury to my child while participating in any league approved function and that each member organization has a supplemental insurance policy that will review any claim for unpaid or otherwise uninsured medical bills. I will furnish documentation of all unpaid balances or denials by my insurance company to the appropriate organization for consideration. I also understand that I am responsible for any funds that my child has raised for the organization.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

Forms and monies can be mailed to TWYSL at PO Box 245, Lizton, IN 46149  
For further information, please contact: President – Kenny Cook, Vice-President -- Brian Fulks, Treasurer -- Travis Hurst, Secretary -- Andrea Peoples at [www.twysl.com](http://www.twysl.com)