



# Fitchburg Lassie League Fastpitch Softball

www.fllsoftball.org or  
978-345-6995 for information

- Soft-Tee-Ball Division** is instructional softball for girls 6 to 8 on January 1<sup>st</sup> 2008
- Minor Division** is instructional fastpitch softball for girls 9 to 11 on January 1<sup>st</sup> 2008
- Junior Division** is recreational fastpitch softball for girls 12 to 14 on January 1<sup>st</sup> 2008

**Registration:** 3/5 & 3/12 at Memorial Middle School Cafeteria from 6:30 to 8:00PM

Or mail to: Fitchburg Lassie League, 169 Charles St., Fitchburg, MA 01420

**REGISTRATION DEADLINE is March 15<sup>th</sup> at Junior Tryouts.** Forms received after that may be placed on a waiting list. The \$60 registration fee (\$40 for Soft-Tee-Ball) is due when registering, make checks payable to: **Fitchburg Lassie League.** New players will need a copy of their birth certificate. A fund-raising fee of \$40 is required, in addition to the registration fee, for any player who chooses not to participate in the fund-raising activity. The fund-raising fee is **not** required at the time of registration.

**Tryouts for Juniors:** 9:00AM on 3/15/07 at Memorial Middle School Gym. All new or advancing players who are 12 or older **MUST** tryout. Everyone will be placed on a team.

**Returning to (team)** \_\_\_\_\_  **Advancing Division**  **New Player**

**Player's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parents/Guardians** \_\_\_\_\_

**Telephone Number(s)** \_\_\_\_\_

**e-mail address** \_\_\_\_\_

### Emergency Medical Information

**Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Insurance** \_\_\_\_\_ **Policy #** \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to participate in FLL Softball, including fund-raising activities. I understand that the Fitchburg Lassie League is not responsible for any injuries incurred by the participant. In my absence, permission to transport to a local hospital and treatment by an attending physician is granted.

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

### For League Use Only

**Signature** \_\_\_\_\_ **Registration Fee** \_\_\_\_\_ **Age** \_\_\_\_\_ **B.C.** \_\_\_\_\_ **Paid** \_\_\_\_\_