



# 2010 Menomonie Church Softball League Information



To participate, students must be entering grades 7-10 in the 2010-2011 academic year.

Students may play for the OSL team regardless of church affiliation, however; league rules state that students must remain on one team for the entire season.

Games are played on Sunday evenings June – July on the three softball fields at Wakanda Park. Game times are 6:00 and 7:45pm. Double headers are often scheduled. Students and parents will receive the 2010 softball rules and a schedule via email and at the first practice.

Please return the release form with a check for \$10 per person to the main office at church by May 16th. Ten dollars covers the cost of t-shirts and league fees.

If you have questions, feel free to contact Kristin Hildebrand (kristin@oslme.com) or Joel Becker (joel@oslme.com). Both can be reached at 235-0693 ext. 16.

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## 2010 Menomonie Church Softball League Registration and Release Form Our Savior's Lutheran Youth Softball Team

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Grade in 09/10 School Yr. \_\_\_\_\_

Home address \_\_\_\_\_

Participated last year? Yes No

I give my permission to the above named person to participate in the Menomonie Church Softball League. I understand that I cannot hold the league or anyone involved in the league responsible for any accidents or injuries that may occur. I accept responsibility for any accidents or injuries that may occur to the above named person while he/she is participating. I also authorize league officials and/or coaches to obtain necessary medical treatment for the above named person if I cannot be located.

I will also review the purpose of the league and the league rules with my son or daughter, and will encourage an atmosphere and set an example of Christian fellowship and sportsmanship with their teammates, coaches, umpires, members of the opposing team, and spectators.

Parent/Guardian Signature \_\_\_\_\_

Participant Signature \_\_\_\_\_

Cell Phone where parent can be reached if not attending the game \_\_\_\_\_

Concerns/medical issues/allergies \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Name of Clinic \_\_\_\_\_ Phone # of Clinic \_\_\_\_\_