



USA Softball of Wisconsin

Individual Registration Form 2019

Team Name: _____

Classification: _____

Date: _____

(ex: Girl's Class A 18 & Under Fast Pitch)

PLEASE PRINT or use the fields to type the information

	Player	Address	City	State	Zip	DOB	Phone
1							N/A
2							N/A
3							N/A
4							N/A
5							N/A
6							N/A
7							N/A
8							N/A
9							N/A
10							N/A
11							N/A
12							N/A
13							N/A
14							N/A
15							N/A
16							N/A
17							N/A
18							N/A
19							N/A
20							N/A

Manager: _____

Address: _____

City, State, Zip: _____

Phone : _____

E-Mail: _____

Check #: _____

Amount Paid: _____

(Registration fee for 2019 is \$14.00 per player and coach. [Make check payable to USA Softball of WI.] The fee includes the individual medical and liability insurance with a \$250 deductible. This completed form also includes a team registration and a JO team packet that will be provided to the team manager at no additional charge.) Each team must have at least one coach ACE certified coach. All other coaches must have a current year background check. ACE and background check can be completed online at registerusasoftball.com. Completion of SafeSport is a prerequisite for ACE.

Send check and roster to: Dale Ferron, 4801 Marsh Road, Madison, WI 53718