



2024 WNSL Fall Softball Registration

Deadline: JULY 15th



Player Name: _____ Parent/Guardian Name: _____

Player's Gender: _____ Player's Date of Birth: _____ Notable Medical Conditions: _____

Street Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____ Phone: (H) _____ (C) _____

Grade: _____ Age on Jan. 1, 2025: _____ School: _____ Years of Softball Experience: _____

League Played in Last Spring: _____ Coach Last Year (If at WNSL): _____

Teammate Requests: (1) _____ (2) _____ (3) _____

Coach Request: _____ Are You on This Coach's Roster? Yes _____ No _____ Don't Know _____

Please Select Your Preferred Competition Level: Recreational _____ Competitive _____ Don't Know _____

Is the player is moving up a division from last season? (8U to 10U etc.) Yes _____ No _____

Division I am Registering My Player For (circle one):

6U 8U 10U 12U 14U

Circle Jersey Size: (If you are in between sizes, order up)

YS(6 - 8) YM(10 - 12) YL(14 - 16) AS(30 - 32) AM (34 - 36) AL (36 - 38) AXL(40 - 42) AXXL (42---44)

Select Pants Size: (If you are in between sizes, order up)

YS(24 - 26) YM(28 - 30) YL(32 - 34) AS(28 - 30) AM(32 - 34) AL(36 - 38) AXL(40 - 42) AXXL (42 - 44)

Volunteer Information:

I am willing to volunteer in this league as a: Coach _____ Assistant Coach _____ Team Parent _____

Contact information if different from above (Name, E-Mail, Phone):

Agreement:

1. I hereby certify that my child is in normal health and capable of safe participation in the WNSL Fall Softball Program. I assume all risk and hazards incidental to the conduct of this program.
2. I hereby authorize the WNSL to obtain medical treatment for my child if the parent(s) cannot be reached.
3. I support the WNSL philosophy based on character development, participation, fun, skill development, teamwork, fair play, family involvement and growth in spirit, mind & body.
4. I will read and follow the WNSL's code of conduct online at www.wnsl.org
5. I understand league fees cover the uniform, equipment, umpires, field care and administrative fees for the regular season only. Additional fees will be assessed for All-Star travel teams and interleague or tournament fees
6. I acknowledge that if I choose to withdraw my child from the league there will be NO REFUNDS will be given, unless it is for medical reasons. Registration fees can be transferred to a different sport up until the time that uniforms are ordered. Once uniforms have been ordered, no transfers will be available.

Signature of Parent/Guardian: _____ Date: _____

If registering by mail, cost for this league is as follows:

6U - \$160, 8U - 14U - \$180

To complete your registration, please mail this form along with a check for the correct amount listed above (plus sponsorship if you selected that option) to:



WNSL, P.O. Box 50710, Nashville, TN 37205

