



2026 Plymouth Youth Softball League Registration Form



Email registrations to plymouthyouthsoftball@gmail.com

Mail registrations to PYSL, PO BOX 405, Plymouth, IN 46563

Make checks payable to Plymouth Youth Softball League

*\$50 per Child or \$80 for two. \$10 for each additional child within the same family. Anyone who cannot afford the fees will not be turned away.

Registration Deadline 3/31/2026*

*Registrations will be accepted after deadline but will result in an additional \$10 fee

Player First and Last Name: _____

Player Date of Birth _____ Player Age as of 1/1/26 _____ Division _____

Uni-sex T-Shirt Size _____ Approximate Years of Experience _____

Positions you play (12U/16U required): *Pitcher, Catcher, 1st, 2nd, Short, 3rd, Left Field, Center Field, Right Field*

List all siblings playing in league _____

Guardian First and Last Name _____ Relation to Player _____

Mailing Address _____ City _____

Contact Number _____ Texting Y/N _____

Secondary Guardian _____ Relation to Player _____

Contact Number _____ Texting Y/N _____

Email Address(es) _____

Emergency Information

Main Contact (other than Guardians above) _____

Phone Number _____ Relation to Player _____

Medical Doctor _____

Allergies _____

Medical Conditions/Medications _____

Insurance, League Disclaimer, and Emergency Medical release: My child _____

wishes to participate in the Plymouth Youth Softball league. As the parent/guardian of this child I do hereby give my permission and approval for my child's participation in any and all off the activities pertaining to PYSL. I do hereby release, absolve, indemnify and hold harmless: ASA/NSA organizations, the City of Plymouth Park Department and Recreation Board, the city of Plymouth, Sponsors, Supervisors, the Plymouth Youth Softball League, its Board of Directors and League Board, and any and all including employees and agents thereof, participants and persons transporting my child to and from activities. In case of injury to my child, I waive all claims, whether based upon negligence or otherwise against the Plymouth youth softball League, Board members, League Board, Sponsors or any of the Supervisors, City of Plymouth, and Park & Recreation Board. I furthermore understand and agree that any insurance coverage provided through ASA/NSA or PYSL shall be secondary to any medical insurance that I may have and will only come into effect after my personal insurance coverage has been exhausted.

The League reserves the right to cancel any age division pending the number of sign-ups for that division. All monies will be refunded to those individuals involved. All information on this form must be complete and accurate before his/her child can participate in any scheduled practice or games.

I authorize the softball coach, assistant coach, or Plymouth Youth Softball League board member to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I understand that I will be financially responsible for any and all care received.

Disclaimer/Covid/Conduct (Copies available upon request)

____ By initialing, I indicate I have reviewed and agree to the Covid Waiver and PYSL Code of Conduct Policies

____ By initialing, I indicate I have reviewed and agree to Media Release, granting permission to use photographs taken during PYSL events

Community Support: We need your help!!!

____ Head Coach ____ Concession Varsity HS Games (April/May) ____ Concession Blueberry ____ Blueberry Field Crew

____ Assistant Coach ____ Concession Youth (June/July) ____ Blueberry Field Crew ____ Other/Committee member

____ League Committee ____ Field Maintenance Committee ____ Equipment Committee ____ Public Relations Committee

Parent/Guardian Signature _____ Date _____

Printed Name _____