

# Riverton Girls Fastpitch Softball 2016

Welcome to the 2016 season. If at any time during this season you have questions please contact one of the organizations Volunteer Officers listed below. Our goals are to teach sportsmanship, softball skills, and most importantly provide a fun atmosphere for our youth.

Jakob Olheiser- President 307-856-7252

Kim Shelley- Treasure- 307-851-3706

Ryan Preston- Secretary

Desirae Jellis- Head Umpire

Kassie Holdren- Board Member

Nichole Farrar- Board Member

Natasha Peck- Vice- 307-851-8791

Cary Fike-Player Agent- 307-851-6373

Becky Little- Equipment Manager

Malissa Jennings- Board Member

David Milleson- Board Member

## Registration

To register please complete the registration form and return to the Riverton Recreation Center (at the CWC Protec building 2660 Peck Ave., Riverton) With a check for \$50, or fill out and turn in at our sign up day at K-Mart on **February 20<sup>th</sup>**. Registration must be turned in by **May 5<sup>th</sup>** so we can get uniforms ordered. ***LATE REGISTRATIONS WILL NOT BE ACCEPTED. (Due to our time line for ordering uniforms and having our generous sponsor's names put on them).***

## Practice Schedule and Locations

Teams will be assigned during the week of **May 9<sup>th</sup>, 2016**. Players will be contacted by their coach by **May 16<sup>th</sup>**. Practice dates, times, and locations are up to the coaches. If you have any questions or concerns please contact the player agent, Cary Fike.

Any children not involved with the team are the sole responsibility of the parent. The parent is entirely responsible for getting their child to and from practice/games in a prompt manner. Our coaches are volunteers and cannot be waiting on children needing a ride after a practice/game. If your child cannot make a practice or a game please contact your coach in the most appropriate prompt manner. If someone other than you may be picking up your child let your coach know as soon as possible.

## Game Times & Protocol

Games will be held Monday- Thursdays with one Saturday during the season. Players should show up to games at least 15 minutes early or as instructed by their coach. This insures their name ends up on the lineup card before the game starts. If they do not show up in time we cannot guarantee a chance for them to play in the game. Please show up dressed in your appropriate uniform.

Cancelations and rainouts will be announced through coaches and via the facebook page (Riverton Girls Fastpitch Softball and Celly). Make up games may be rescheduled if dates are available.

This sport is played during the spring/summer months when weather can be unpredictable. Please be prepared accordingly. Bring jackets, water (which will also be available at the concession stand), bug spray, and sunscreen.

Each home team is required to keep that particular games score book.

### **Uniforms**

**Riverton Youth Softball** will provide Jerseys and Pants for players playing in standard leagues. Those that are playing in machine pitch will receive a Jersey only.

Players are required to provide their own glove (Please make sure that this is for the correct hand). Appropriate footwear is also up to the player, no open toed shoes, boots, or slip ons.

### **Fundraiser**

All players are required to participate in a fundraiser to help purchase club supplies such as players gear (helmets, bats, catchers equipment, ect.), balls, field equipment, maintenance, and upgrades to help the organization be successful. More information will be given out to the coaches and relayed at practices. Coaches will collect the fundraisers on a date to be determined.

### **Coaches and Help**

All Coaches and help are volunteers and need board appointment. All coaches and help must pass a back ground check and may be required for additional certification. For the safety of our children we are required that anybody that has direct contact with the players must have a back ground check.

### **Miscellaneous**

Parental support and involvement is necessary for the success of your children and this program. Help is needed through coaching, score keeping, umpiring, announcing, or assisting in many ways. Please talk to any board member or your coach about the capacity in which you would like to help.

**Riverton Youth Softball** will provide each team with catchers gear, some bats, practice balls, helmets (If you provide your own helmet, there is no need to share with the other players), and uniforms. It is the parent's responsibility to provide each player with a glove, and appropriate footwear. For the safety of the girls playing during practices and games all jewelry must be removed. Players need to keep hair out of eyes during the game for safety. At the end of the season all equipment checked out to the team will be checked back in. Respect of the equipment is important to keep the equipment safe and our cost down.

If you have any questions do not hesitate to ask your coach or a board member. We hope you enjoy your season, and hope to make this a fun and rewarding experience. **Please like and share our Facebook page Riverton youth Softball and text @Rivouthsoftball to 23559 to keep up on all the latest information, schedules, cancelations, and tidbits.**

# Riverton Girls Fastpitch Softball

Age Division: 8&U 12&U 18&U  
Circle Age Division (5-8yrs) (9-12 yrs) (13-18 yrs)

Players age on 01-01-2016 \_\_\_\_\_

## Player Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Medical Conditions \_\_\_\_\_  
Medications: \_\_\_\_\_

## Uniform

Shirt Size: **Youth:** Sm\_\_ Med\_\_ Lg\_\_ **Adult:** Sm\_\_ Med\_\_ Lg\_\_  
Pant Size: **Youth:** Sm\_\_ Med\_\_ Lg\_\_ **Adult:** Xs\_\_ Sm\_\_ Med\_\_ Lg\_\_

## Team and Player Draft Information

- 1) Did you play in Riverton League last year? Yes\_\_ No\_\_
- 2) How many years have you played softball? \_\_\_\_\_
- 3) What team did you play on last year? \_\_\_\_\_
- 4) Positions Previously Played: Catcher\_\_ Pitcher\_\_ 1st base\_\_ Infield\_\_ Outfield\_\_
- 5) Do you have a sister in the same age division you want to be on your team?  
Yes\_\_ No\_\_ Name: \_\_\_\_\_
- 5) If offered the opportunity would you like to be considered for a Traveling Team?  
Yes\_\_ No\_\_ (If chosen this requires extra and/or weekend practices,  
weekend traveling, and additional commitment by player and parents.  
The teams will try to minimize cost but there will be travel costs. The travel  
team may or may not be affiliated with Riverton Youth Softball).

## Parent/Gaurdian Information

Father/ Guardian	Mother/Guardian
Name _____	Name _____
Address _____	Address _____
Employer _____	Employer _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-Mail _____	
Insurance Co _____	Policy # _____
Family Doctor _____	Phone# _____

I would be will help in the following area(s) Coach\_\_ Team Parent\_\_ Score Keep\_\_  
Umpire\_\_ Other \_\_\_\_\_

Name of person that can assist (If different than person filling out form) \_\_\_\_\_

I hereby concent to my childs participation in this organization, and adhere to the league rules. I state this information is accurate to my best knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Paid \_\_\_\_ Cash\_\_ Check# \_\_\_\_\_

# Riverton Girls Fastpitch Softball Medical Release Form

Players Legal Name \_\_\_\_\_  
First Middle Last

Insurance Information \_\_\_\_\_  
Insurance Provider name Policy Number

Parent/Guardian Name \_\_\_\_\_  
First Middle Last

Home Phone Work Phone Cell Phone

Parent/Guardian Name \_\_\_\_\_  
First Middle Last

Home Phone Work Phone Cell Phone

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any medical conditions that might limit your child's abilities? \_\_\_\_\_

Is your child currently on any medications? If yes please list \_\_\_\_\_

If my child needs medical treatment while participating, be it at practice, at a game, or any other time my child is in the care of Riverton Youth Softball or any of its representatives, it is my wish that treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physicians or any other medical personal believe to be needed, on the understanding that efforts will continue to be made to contact me. I except all responsibility for all costs related to all such treatment.

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

Parent/ Guardian Name (Printed) \_\_\_\_\_

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# Riverton Girls Fastpitch Softball

## Media Release

I hereby authorize Riverton Girls Fastpitch Softball to publish photographs or videos taken of me or my children for use in the organizations print, online (Facebook), and other media based marketing materials to help promote the organization.

I hereby release and hold harmless Riverton Girls Fastpitch Softball from any reasonable expectation of privacy or confidentiality associated with the images mentioned above.

I further acknowledge participation is voluntary and I will not receive financial compensation of any type associated with the taking of these images. These images may be used for marketing or promotional materials. I agree that I hold no rights of ownership to these said images.

I hereby release Riverton Girls Fastpitch Softball and its contractors and volunteers and any third parties involved in creation and publication of marketing materials from any liability of claims by these images.

### Authorization

Players Name \_\_\_\_\_

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

Printed Name \_\_\_\_\_

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# RIVERTON GIRLS FASTPITCH SOFTBALL

## *Parents' Code of Ethics*

**I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge.**

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports events.

I will place the emotional and physical well-being of my child ahead of a personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all sports events.

I will remember that the game is for the youth-not for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I promise to help my child enjoy the youth sports experience by doing whatever I can, and such as being a respectful fan, assisting with coaching, or providing transportation.

I will require that my child coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the coaches code of ethics.

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Parent Signature

Parent Signature

Date

# Riverton Girls Fastpitch Softball

## Code of Conduct and Responsibility

Dear Player,

By signing below you are agreeing that you will show support and understanding for yourself as well as others.

- I know that playing for “Riverton Girls Fastpitch Softball” is a Privilege and I will obey all the rules.
- I will do my best at all times.
- I will respect all coaches and umpires as well as other players on my team and opposing teams.
- I understand that being a part of a team that my actions affect others. I will do my best to be at practices and games. If I cannot make a game or practice I will make sure that my coach is notified in a timely manner.
- I will show up to games at least 15 minutes prior to game time or when stated by my coach, as to make sure my coach and umpires can be prepared for the game to start.
- I will respect all property and equipment of “Riverton Girls Fastpitch Softball” and return it at the end of the season.
- I will be responsible for my actions both on and off the field. I know that good sportsmanship is most important.
- I will participate in **fundraising** efforts so that “Riverton Girls Fastpitch Softball” will continue grow for all future players.
- I will be a positive representative for “Riverton Girls Fastpitch Softball”.
- I will demonstrate the importance of eating healthy, drinking plenty of fluids and getting the appropriate amount of rest.
- I will respect the game and the fields by keeping the fields and dug outs picked up.

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Player’s Signature

Date

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# Riverton Girls Fastpitch Softball

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## Coaches Application

To coach for our organization you must understand that we hold the safety of our children at the utmost importance. You will be required to have a back ground check. You may also be required to receive any certifications that the organization requires. We appreciate our volunteers and all the time they comment to helping our youth.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Did you coach Baseball/ Softball previously? \_\_\_\_\_ Age Group \_\_\_\_\_

Do you have any children in this program? \_\_\_\_\_ If yes what age group \_\_\_\_\_

Child(s) playing \_\_\_\_\_

Have you ever been refused participation in any other youth programs? Yes \_\_\_ No \_\_\_

If yes explain \_\_\_\_\_

Please list 3 references:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

As a condition of volunteering, I give permission for this organization to conduct a back ground check on me which may include a review of sex offender registries, child abuse, and criminal history records. I agree to submit to a substance abuse test on a "just cause" basis, if this organization deems it necessary. I understand that if appointed my position is conditional upon the organization receiving no inappropriate information on my background. I hereby release from liability this organization, the officers and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, this organization is not obligated to appoint me to a volunteer position. If appointed I understand that, prior to expiration of my term, I am subject to suspension by the president and removal by the board for violations and/or principals.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name Printed \_\_\_\_\_

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