

## Augusta Minor Softball Association Registration Form

<b>Player's Name:</b> _____		<b>Birthdate:</b> _____	
First Name	Last Name	MM / DD / YR	
Street Address: _____		Age as of Jan 1st this year: _____	
Street Address: _____		Sex: _____ Male / Female	
City: _____		Phone: _____	
Province: _____ Ontario		E-Mail: _____	
Postal Code: _____			
Parents / Guardian Name: _____			
<b>Division (Age):</b> Please circle one			
T-Ball(<5) Mosquito(6-7) Mite(8-9) Squirts(10-11) Peewee(12-13) Bantam(14 -15) Midget Boys(16-19) Midget Girls(16-19)			
Team Last Year: _____			
Comments: _____			
You may name friends you want to play with here.			
Ont. Health Card # s _____			
Medical Conditions: s _____			

<b>Volunteer Items:</b>			
Our organization is a non-profit organization that needs everyone's help to be successful. Please check off any areas on the form that you could contribute to in an effort to make this season fun and rewarding for you and your children.			
Please circle			
Field Maintenance	Umpire	Coach / Asst Coach	Other
Score Keeping	Fund Raising	Concession Stand	

I/We, the parents and or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when issued except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to league officials.

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Amount Paid</b>			
Family Package:	Cash:	Cheque:	Age Verified by: