



2008 WATERLOO MINOR GIRLS SOFTBALL ASSOCIATION – PLAYER REGISTRATION

MAILING ADDRESS: 500 Parkside Drive, Waterloo, Ontario, N2L 5J4

Telephone: 519-747-0430

Email: office@wmgsa.com

WMGSA is run by volunteers. We need your help to make softball fun for the more than 400 children we support. Are you interested in helping Waterloo Minor Girls Softball as a:

COACH

SPONSOR Houseleague \$250

SPONSOR REP \$500

ASSISTANT COACH

CONVENOR

Pant Size Youth Small Adult Small Youth Medium Adult Medium Youth Large Adult Large Youth XL Adult XL

PLAYER'S NAME: FIRST MIDDLE SURNAME

ADDRESS: APT. CITY POSTAL CODE

Primary Telephone: Telephone #2:

Parent #1: Parent#2: Please Print Please Print

Email Address: Email #2:

Health Card #: Date of Birth: Month Day Year

NOTE: Personal batting HELMETS are compulsory. Players will not be allowed on the field without a helmet.

- T-Ball (2002 - 2003) \$ 45
Mini-Mite (2000-2001) \$ 80
Mite (1998 - 1999) \$ 80
Squirt (1996 - 1997) \$ 80
Novice (1994 - 1995) \$ 80
Bantam (1992 - 1993) \$ 80
Midget (1989 - 1991) \$ 80
Fundraising Fee (ALL) \$ 40
Rep Fee \$240
Non-Resident Fee \$ 20 (anyone who does not have a Waterloo address)

PLEASE NOTE: WMGSA WILL CONSIDER RECIPROCATING PLAYER REQUESTS. REQUESTS WILL ONLY BE HONOURED IF TEAM PARITY CAN BE MAINTAINED. LIST THE NAME OF THE ONE PLAYER YOU WOULD CHOOSE TO PLAY WITH.

Please help us ensure the most accurate assessment possible of your child's skills: Above Average Average Beginner
How much pitching experience does your child have: Frequently Pitched Seldom Pitched Never Pitched
How much experience as a catcher does your child have: Frequently Caught Seldom Caught Never Caught

How many years has your child played organized softball?
Has your child played Rep Select Houseleague T-Ball

Is your child interested in trying out for a House League Select team? YES NO This is in addition to the regular HL season.

WMGSA will be hosting rep tryouts. Is your child interested in trying out for Rep? YES NO

Would your child or someone else you know be interested in being an UMPIRE? YES NO

NAME: PHONE:

Will your child have a part-time job or other activity that will affect availability? YES NO

Would your child like to be called upon if needed by an older division? YES NO
May we release contact information to coaches for this purpose? YES NO

Is there anything you feel is important for your child's coach to be aware of (Medical condition i.e. allergies, asthma)

IMPORTANT NOTES: READ EACH SECTION BEFORE SIGNING

With this signature, I agree to abide by the rules of the Waterloo Minor Girls Softball Association. I further certify that the age of my child is correct as printed on this form and that she is a bonafide resident of the address given above. I understand that my child is subject to immediate dismissal from the program should the age or address given be inaccurate. I also give permission for my child to participate in the WMGSA program and release and hold harmless the Waterloo Minor Girls Softball Association, its members, directors, coaches and other officials and any other person or entity associated with the program from any and all injury or damage for any claims or causes of action whatsoever for any loss or injury suffered by my child and/or myself.

Signature of Parent or Guardian: Date:

I, on my own behalf and/or on behalf of my child/ward, give permission to the Waterloo Minor Girls Softball Association to photograph and record me and/or my child/ward's image and voice and to use this material and/or similar material provided to the WMGSA by me or third parties involved in WMGSA events, in whole or in part for the promotion of softball and the WMGSA. I, on my own behalf and/or on behalf of my child/ward, give permission to the WMGSA to publish my child/ward's name on the official WMGSA web site or on her team-specific web site, as follows: NAME PHOTO VOICE

Signature of Parent or Guardian: Date:

PAYMENT TYPE: OTHER CASH CHEQUE

- Fees go up \$20 per player on March 1, 2008 and an additional \$30 on April 1, 2008. You may give us post-dated cheques!
A \$25 fee will be charged for any NSF Cheque.
Player withdrawal, for any reason other than medical, before April 15th, will be charged a \$25 administrative fee. There will be no refunds after April 15th, except for medical reasons. Refunds for medical reasons will be pro-rated.

RECEIPT:

PROGRAM: PAID BY:
TOTAL AMOUNT PAID: ON BEHALF OF:
ELIGIBLE AMOUNT PAID: BORN IN:
DATE RECEIVED: AUTHORIZED BY: