2009 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**

☐ **CONVENOR** ☐ **ASSISTANT COACH** ☐ **SPONSOR REP $500**

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 with cages are compulsory. Players will not be allowed on the field without a helmet.

☐	**T-Ball (2003 - 2004)**	**$ 45**			
☐	**Mini-Mite (2001-2002)**	**$ 80**	☐	**Fundraising Fee (ALL)**	**$ 40**
☐	**Mite (1999 - 2000)**	**$ 80**			
☐	**Squirt (1997 - 1998)**	**$ 80**	☐	**Rep Fee**	**$250**
☐	**Novice (1995 - 1996)**	**$ 80**			
☐	**Bantam (1993 - 1994)**	**$ 80**	☐		
☐	**Midget (1990 - 1992)**	**$ 80**			

PLEASE NOTE: WMGSA WILL CONSIDER RECIPROCATING PLAYER REQUESTS IN HL. 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** **If yes: 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** **(Check all that WMGSA may use.)**

Signature of Parent or Guardian: _____ Date: _____

PAYMENT TYPE: ☐ **OTHER** ☐ **CASH**_____ ☐ **CHEQUE**_____

- ❑ Fees go up $20 per player on March 1, 2009 and an additional $30 on April 1, 2009. 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:** _____
WATERLOO MINOR GIRLS SOFTBALL ASSOCIATION