



**2019 WATERLOO MINOR GIRLS SOFTBALL ASSOCIATION**  
**MAILING ADDRESS: 500 Parkside Drive, Waterloo, Ontario, N2L 5J4**  
**Telephone: 519-747-0430 Email: [office@wmgsa.com](mailto: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:

- CONVENOR**       **COACH**       **ASSISTANT COACH**       **SPONSOR (\$300)**

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: \_\_\_\_\_

May we release email addresses to coach?  YES  NO

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

**NOTE: Personal batting HELMETS with cages are compulsory. Players will not be allowed to bat without a helmet.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> T-Ball (2013 - 2014) \$ 45    | <input type="checkbox"/> Mite (2009 - 20010) \$110  | <input type="checkbox"/> Novice (2005 - 2006) \$120 |
| <input type="checkbox"/> Mini-Mite (2011 - 2012) \$110 | <input type="checkbox"/> Squirt (2007 - 2008) \$120 | <input type="checkbox"/> Bantam (2003 - 2004) \$130 |
| <input type="checkbox"/> <b>Fundraising (ALL) \$40</b> |   |   |
| <input type="checkbox"/> Midget (1999 - 2002) \$130    |   |   |

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*)

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**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 6, 2019 and an additional \$30 on April 3, 2019. 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 15<sup>th</sup>, will be charged a \$25 administrative fee. There will be no refunds after April 15<sup>th</sup>, except for medical reasons. Refunds for medical reasons will be pro-rated.