

## 2020 WATERLOO MINOR GIRLS SOFTBALL ASSOCIATION 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	□ A	SSISTANT CO	ACH		OR (\$300)	
PLAYER'S NAME:	IRST	MIDD	l F	SURNA	MF		
ADDRESS:							
APT. Primary Telephone:		CITY	Telephone #2:	POSTA	L CODE		
Parent #1:	Please Pr	-int	Parent#2:		r	Please Print	
Email Address:			Email #2:		ſ	Flease Fillit	
May we release email a	ddresses to coach?	YES   NO	Date of Birth:	Moi	nth Day	Year	
NOTE: Personal batt	ing HELMETS with ca	iges are com	pulsory. Player				net.
	6 ('14 – '15) \$ 45 9 U8 ('12 – '13) \$110		(10 – 11) \$110 2 (108 – 109) \$120 (sing (ALL) \$40		Novice U14 ('06 Merged U16 ('04 Merged U19 ('0	4 – '05) \$130	
Please help us ensure the m How much pitching experien How much experience as a c	ce does your child have: 🗀	☐ Frequently Pito	ched   Seldom P	itched 🔲	☐ Average [ Never Pitched ☐ Never Caug	□ Beginner ht	
How many years has your ch	nild played organized softba	all? H	Has your child playe	d 🗌 Rep	☐ Select	☐ Houseleague ☐	□ Т-Ва
Is your child interested in tryi WMGSA will be hosting rep t					dition to the re	gular HL season.	
Would your child or someone	e else you know be interest	ed in being an <b>U</b>	MPIRE?	□ NO	If yes: NAME	E:	_
Will your child have a part-tir Would your child like to be ca May we release contact infor	alled upon if needed by an	older division?	☐ YES ☐ NO	NO	PHON	NE:	_
Is there anything you feel is	important for your child's co	pach to be aware	of (Medical condit	tion i.e. allei	gies, asthma)		
IMPORTANT NOTES: REA With this signature, I agree to correct as printed on this for immediate dismissal from the WMGSA program and relea officials and any other persumbatsoever for any loss or in Signature of Parent or C	to abide by the rules of the orm and that she is a bon to program should the age of se and hold harmless the on or entity associated wit jury suffered by my child at	e Waterloo Minor afide resident of or address given Waterloo Minor h the program fi	f the address given be inaccurate. I als Girls Softball Assoc rom any and all inju	above. I uso give permoiation, its mury or dama	inderstand that ission for my ch embers, director	my child is subject to ild to participate in the rs, coaches and other	_
I, on my own behalf and/or record me and/or my child/v parties involved in WMGSA my child/ward, give permissi site, as follows:	vard's image and voice an events, in whole or in part on to the WMGSA to publi	d to use this ma for the promotion sh my child/ward	aterial and/or similar n of softball and the d's name on the office	r material pr WMGSA. I, cial WMGSA	ovided to the W on my own beh	MGSA by me or third alf and/or on behalf of	
Signature of Parent or C	Guardian:			Da	ate:		
PAYMENT TYPE:	☐ OTHER	☐ CA	<b>NSH</b>		☐ CHEQUE		
☐ Fees go up \$20 per pl☐ A \$25 fee will be charg☐ Player withdrawal, for	ged for any NSF Cheque	Э.					

be no refunds after April 15th, except for medical reasons. Refunds for medical reasons will be pro-rated.