

CALLANDER SOFTBALL ASSOCIATION – Registration form

Players Name: _____ Birth Date _____

Phone # _____ Email _____

Address _____

PO Box _____ Postal Code _____ Health Card# _____



Division _____ Played Last year: (Yes) (No) Position Played _____

Years Played _____ Bring a Friend (Name of New Player) _____

Proof of Age Required: (Birth Certificate, Health Card or Other _____)

<p>Division/ Birth Year/Cost - No late fee</p> <p>Mites(U10) 2007-2008 \$80.00</p> <p>Squirts(U12) 2005-2006 \$90.00</p> <p>Novice(U14) 2003-2004 \$100.00</p> <p>Bantam/Midget(U19) 1998-2002 \$100.00</p> <hr/> <p>Shirt(Y) S M L XL (A) S M L XL Pants(Y) S M L XL (A) S L XL</p>	<p>Family Discount: Deduct \$15 from each additional child registered from the same family</p> <hr/> <p>Bring A friend: Deduct \$15 from registering child if you register a friend that did not play last year.</p> <hr/> <p>*For bursary inquiries contact Rob Long 705-752-2253 *</p>
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SEASON STARTS MAY 2019

For registration information, call Rob Long at 705-752-2253.

Registration payment can be made by cheque or cash at registration dates.

WAIVER

AS WITH ANY SPORTING ACTIVITY PARTICIPANTS SHOULD REALIZE THERE IS RISK OF INJURY. THE COST OF SPORT GROUP INSURANCE IS INCLUDED IN REGISTRATION FEE. ACCIDENT WAIVER PERMISSION IS GRANTED TO THE ABOVE MENTIONED PERSON TO PARTICIPATE IN SCHEDULED GAMES AND PRACTICES DURING THE SEASON. I HEREBY WAIVE ANY CLAIM AGAINST THIS ASSOCIATION: OFFICIALS, COACHES, VOLUNTEERS, SPONSORS AND THE MUNICIPALITY OF CALLANDER WITH RESPECT TO ANY CLAIM ARISING OUT OF ANY DAMAGES OR INJURY CAUSED FROM PARTICIPATION OF THE REGISTRANT DURING ANY ACTIVITIES IN ANY LOCATION WHERE THIS PROGRAM IS BEING HELD. Please Initial _____

PHOTO RELEASE

During the course of our activities there may be times when photographs are taken of your child(ren). These photos may be used for publicity purposes or may appear in local newspapers. Please check one of the following options:

- I DO NOT authorize to use photos of my child(ren) for publicity purposes
- I DO authorize to use photos of my child (ren) for publicity purposes and I authorize the Callander Softball Association to publish photographs taken of persons under my legal guardianship for use in print, online and municipal publications. I acknowledge that their participation is voluntary and that neither I nor the participation in any publication, photo, or website confers upon me or my child no rights to ownership of the original photo or forum in which it is used. I hereby release from any liability of third party claims regarding the use of these photographs.

Guardian/Parent PRINT Name _____

Date _____

Guardian/Parent SIGNATURE _____

VOLUNTEERING

I, _____ am interested in (*Circle *)

Coaching / Fundraising / Executive / Equipment Director / Webmaster / Umpiring

PHONE# _____

CRIMINAL RECORD CHECK REQUIRED AND REIMBURSED WITH RECEIPT

Total Fee Received \$ _____ RECEIVED BY: _____ CASH / CHEQUE _____ www.callandersoftball.org