



**BOYS Teams Only**

✓	<b>Division</b>	<b>Group</b>	<b>Year of birth</b>	<b>Fee</b>
	Mites	U10	2008, 2009	\$ 125
	Squirt	U12	2006, 2007	\$ 125
	Pee-Wee	U14	2004, 2005	\$ 125
	Bantam Midget	U16, U18	2000 – 2003	\$ 125

**RMMSA use only**

Form received by: \_\_\_\_\_

Payment of \$ \_\_\_\_\_

Cash or  
 Cheque # \_\_\_\_\_

**Player Information**

1<sup>st</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ Age on **December 31st, 2017**: \_\_\_\_\_

Mailing and Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ K0A 2Z0 or \_\_\_\_\_

<b>Shirt Size</b>	<b>Youth Medium (10/12)</b>	<b>Youth Large (14/16)</b>	<b>Adult Small</b>	<b>Adult Medium</b>	<b>Adult Large</b>	<b>Adult XL</b>	<b>Adult 2XL</b>
<b>Player</b>							

**----- Parent Volunteering -----**

**Team Level:**  Coach  Assistant Coach  Score Keeper

**RMMSA Level:**  \_\_\_\_\_  Equipment

**----- Parent Volunteering -----**

**Parent Information**

1<sup>st</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail: \_\_\_\_\_ First Aid Certification? \_\_\_\_\_ CPR? \_\_\_\_\_

**Best method of contact in case of game cancellations and rescheduling?** \_\_\_\_\_

<b>Shirt Size</b>	<b>Adult Small</b>	<b>Adult Medium</b>	<b>Adult Large</b>	<b>Adult XL</b>	<b>Adult 2XL</b>
<b>Coaching Staff</b>					

**Waivers**

I, the parent/guardian of player \_\_\_\_\_, give my permission for his/her participation in any and all activities of the Richmond Munster Minor Softball Association (RMMSA) during the 2018 season. In case of injury to my dependant or myself, I hereby waive all claims against the RMMSA and its executive, officers, coaches, umpires, volunteers, and sponsors. I acknowledge that I have read this form and agree to all conditions. I acknowledge being advised to ensure that the child is covered by government or private hospital, dental, medical plans, and life and disability plans.

I, the parent/guardian of player \_\_\_\_\_, give my permission for his/her photo to be taken and used by the RMMSA in local newspapers or on the Internet:  Yes or  No

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_