



Co-ed Girls and Boys Teams

√	Division	Group	Year of birth	Fee
	T-Ball	U4, U6	2012, 2013, 2014	\$ 80
	5 Pitch	U8	2010, 2011	\$ 80

RMMSA use only

Form received by: _____

Payment of \$ _____

Cash or
 Cheque # _____

Player Information

1st Name: _____ Surname: _____

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

Mailing and Street Address: _____

Town: _____ K0A 2Z0 or _____

Shirt Size	Youth Small (6/8)	Youth Medium (10/12)	Youth Large (14/16)	Adult Small	Adult Medium	Adult Large
Player						

----- Parent Volunteering -----

Team Level: Coach Assistant Coach

RMMSA Level: _____ Equipment

----- Parent Volunteering -----

Parent Information

1st Name: _____ Surname: _____

Phone: (h) _____ (w) _____ (c) _____

E-mail: _____ First Aid Certification? _____ CPR? _____

Best method of contact in case of game cancellations and rescheduling? _____

Shirt Size	Adult Small	Adult Medium	Adult Large	Adult XL	Adult 2XL
Coaching Staff					

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:** _____