



**Player Information**

1<sup>st</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_  
 DOB (mm/dd/yyyy): \_\_\_\_\_ Age on **December 31st, 2018**: \_\_\_\_\_  
 Mailing and Street Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ K0A 2Z0 or \_\_\_\_\_

**Contact Information for Adult ONE**

1<sup>st</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ First Aid Certification? \_\_\_ CPR? \_\_\_

**Contact Information for Adult TWO**

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?** \_\_\_\_\_

**Adults please volunteer for:**

Adult **ONE** as:  Coach  Assistant Coach  Executive  Special Events  Equipment

Adult **TWO** as:  Coach  Assistant Coach  Executive  Special Events  Equipment

Choose a <b>Shirt Size</b> for	Youth Small (6/8)	Youth Medium (10/12)	Youth Large (14/16)	Adult Small	Adult Medium	Adult Large	Adult XL	Adult 2XL
Player								
Coaching Staff								

✓	Division	Year of birth	Fee	Friend Request**
	T-Ball (U4,U6)	2013, 2014, 2015	\$ 80	
	5 Pitch (U8)	2011, 2012	\$ 80	
	U10	2009, 2010	\$ 125	
	U12	2007, 2008	\$ 125	
	U14	2005, 2006	\$ 125	
	U16-U18	2001 - 2004	\$ 125	

<p><b>RMMSA use only</b></p> <p><b>Form received by:</b></p> <p>_____</p> <p>Payment of:</p> <p>\$ _____</p> <p><input type="checkbox"/> Cash or</p> <p>Cheque # _____</p>
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\*\* Name one friend and if they name you too, we'll do our best to place friends together for T-Ball and 5-Pitch.

**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 2019 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:** \_\_\_\_\_