



Player Information

1st Name: _____ Surname: _____ Male: ___ Female: ___
 DOB (mm/dd/yyyy): _____ Age on **December 31st, 2019**: _____
 Mailing and Street Address: _____ Town: _____
 _____ K0A 2Z0 or _____

Contact Information for Adult ONE

1st Name: _____ Surname: _____
 Phone: (h) _____ (w) _____ (c) _____
 E-mail: _____ First Aid Certification? ___ CPR? ___

Contact Information for Adult TWO

1st 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 Shirt Size 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)	2014, 2015, 2016	\$ 80	
	5 Pitch (U8)	2012, 2013	\$ 80	
	U10	2010, 2011	\$ 125	
	U12	2008, 2009	\$ 125	
	U14	2006, 2007	\$ 125	
	U16-U18	2002 - 2005	\$ 125	

<p>RMMSA use only</p> <p>Form received by:</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 2020 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:** _____