



Player Information

1st Name: _____ Surname: _____ Male: ___ Female: ___
 DOB (mm/dd/yyyy): _____ Age on **December 31st, 2016**: _____
 Mailing and Street Address: _____
 Town: _____ K0A 2Z0 or _____

Parent ONE Information

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

Parent TWO 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? _____

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

Parent **ONE** as: Coach Assistant Coach Executive Special Events Equipment
 Parent **TWO** as: Coach Assistant Coach Executive Special Events Equipment

Shirt Size	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	Group	Year of birth	Fee
	T-Ball-Blastball	U4	2013	\$ 80
	T-Ball	U6	2011, 2012	\$ 80
	5 Pitch	U8	2009, 2010	\$ 80
	Mites	U10	2007, 2008	\$ 125
	Squirt	U12	2005, 2006	\$ 125
	Pee-Wee	U14	2003, 2004	\$ 125
	Bantam Midget	U16, U18	1999 - 2002	\$ 125

<p>RMMSA use only</p> <p>Form received by: _____</p> <p>Payment of \$ _____</p> <p><input type="checkbox"/> Cash or</p> <p>Cheque # _____</p>
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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 2017 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:** _____