

SOUTHDALE SOFTBALL 2011 SPRING REGISTRATION

Player Name: _____ Phone #: _____

Address: _____ Postal Code: _____

Birth Date (MM/DD/YY): _____ SRA #: _____

Father's Name: _____ Cell # _____ Email: _____

Mother's Name: _____ Cell # _____ Email: _____

Please Note:

- Evaluations will be held at most age levels to determine placement at the B or C level and to balance player skill levels where there are multiple teams. "B" teams play with windmill pitching and tend to be more competitive.
- All registered players will be notified of the evaluation date, time and location for their respective age group and are encouraged to attend.

Please check the appropriate level that you are registering for this year:

<u>Birth Year</u>	<u>Level</u>	<u>Cost</u>		<u>Birth Year</u>	<u>Level</u>	<u>Cost</u>
<input type="checkbox"/> 2005/2006	Learn to Play 1	\$55	<input type="checkbox"/>	1997/1998	Pee Wee B and C	\$115
<input type="checkbox"/> 2003/2004	Learn to Play 2	\$75	<input type="checkbox"/>	1995/1996	Bantam B and C	\$115
<input type="checkbox"/> 2001/2002	Mite B and C	\$100	<input type="checkbox"/>	1992/93/94	Midget B and C	\$125
<input type="checkbox"/> 1999/2000	Squirt B and C	\$100				

Volunteers: The success of the program depends on all of us. Please indicate your willingness to:

Coach: Assistant Coach: Team Manager Attend Coaches Clinic*:

*Cost of the coaches clinics are reimbursed by the softball program.

Consent:

I hereby consent that my above named child may participate in the program conducted by the community centre in conjunction with the Bonivital Minor Softball Association and Softball Manitoba. I also consent that I assume responsibility for any accident that may happen to my child while participating in the program and that I release the Southdale Recreation Association, the Bonivital Minor Softball Association, Softball Manitoba and coaches of any responsibility for any accidents or injury which may occur as a result of this participation.

I also understand that this personal information will be used only for the purpose of registering in the community centre's sport/recreational programs, and that such use may require the sharing of this information with the appropriate sports associations, sport umbrella groups, coaches, and/or managers in order to conduct the program.

- By checking this box and/or signing below, I am consenting to the collection, use and disclosure of this personal information and information appearing on the Southdale Recreation Association activity card for Southdale Recreation Association's use.
- I hereby grant permission to use, for promotional purposes, photographs of my child taken during the Softball season.

Parent/Guardian Name: _____ Date: _____

Signature: _____

Comments/Requests: _____
