



GUELPH GIRLS MINOR SOFTBALL ASSOCIATION

P.O. Box 1641, Guelph, Ontario N1H 6R7

2010 REGISTRATION FORM

PLAYER NAME: _____

BIRTH DATE: ____/____/____ TODAY'S DATE _____
 Day Month Year

BIRTH CERTIFICATE CHECKED: YES _____ NO _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____

PHONE: _____ BUSINESS/CELL PHONE: _____

FAMILY EMAIL ADDRESS: _____

DIVISION: T-BALL _____ MINOR MITE _____ MITE _____ SQUIRT _____ NOVICE _____ BANTAM _____

MIDGET _____ JUNIOR _____

PITCHER _____ CATCHER _____

SHORT SIZE _____ PANT SIZE: _____ SHIRT SIZE: _____

AMOUNT PAID: _____ CHEQUE _____ CASH _____

CONFIDENTIAL PARTICIPANT INFORMATION

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ BUSINESS/CELL: _____

DOCTOR NAME: _____ PHONE NUMBER: _____

MEDICATIONS: _____

ALLERGIES: _____ OTHER MEDICAL CONCERNS: _____

___ I consent to the potential occasional use of the above named player's name and /or photographic likeness to be published.

___ I agree to receive correspondence by letter mail, email or phone from the Guelph Girls Minor Softball Association.

___ My daughter is interested in winter and spring clinics. Please send correspondence.

Signature of Parent/Guardian: _____ Date: _____