

PORT COLBORNE MINOR GIRLS SOFTBALL REGISTRATION

DATE _____ 2017 NAME _____

PHONE _____ BIRTH DATE _____

HEALTH CARD # _____ ADDRESS _____

POSTAL CODE _____

PARENT/GUARDIAN _____ EMAIL _____

SHIRT SIZE _____ VACATION DATES _____
(SPECIFY CHILD OR ADULT)

MITES--\$50.00 PAID BY CASH CHEQUE# RECEIPT #
INTERMEDIATE \$60.00
BANTAM \$75.00

MITES—AGES 6 TO 9 AS OF JANUARY 1ST 2017—GAMES MONDAY & TUESDAY

INTERMEDIATE—AGES 10 TO 14 AS OF JANUARY 1ST—GAMES WED. & THURSDAY

NEW BANTAM CO-ED LEAGUE—GIRLS 15 TO 18 BOYS 14 TO 17***

VOLUNTEERS

COACHING _____ ASSISTANT COACH _____

PLAYOFF WEEKEND _____

SIGNED _____

I THE UNDERSIGNED, HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS TO THE CORPORATION OF THE CITY OF PORT COLBORNE AND PORT COLBORNE MINOR GIRLS SOFTBALL ASSOCIATION, THEIR/IT'S OFFICERS, INSTRUCTORS, MEMBERS AND CLUB FROM AND AGAINST ALL CLAIMS, DEMANDS, LOSSES, COSTS, DAMAGES SUITS, PROCEEDINGS ARISING OUT OF THE PARTICIPATION OF THE ABOVE PARTICIPANT.

SIGNED _____