



Name: _____ Phone #: _____ Home Cell

Health Card # (optional): _____

Date of Birth: _____ Age as of January 1st, 2017: _____

Email Address: _____

Mother Name: _____ Phone #: _____ Home Cell

Father Name: _____ Phone #: _____ Home Cell

Medical Problems: _____

Please indicate if the Player is involved in any other activities that may affect their attendance during the softball season:

Players Choice for the 2017 Season ****Please note, the player may choose 1 coach OR 1 Player for the season. In order for the request to be fulfilled the player of your childs choice MUST also have your players name on their registration form****

Volunteers needed for coaching, umpiring, tag days, penny auction, fundraising and/or executive positions ** Please indicate your interest in helping the TBGSA (Please include NAME, PHONE NUMBER AND VOLUNTEER TASK):

Players T-Shirt / Jersey Size: _____

- There will be a 50.00\$ Charge for insufficient funds cheques
- All Participants of the TBGSA MUST be members of the C.R.R.A ** 5.00\$ from your registration will provide the player with a one year membership in the C.R.R.A. ****Proud supporter of PROKIDS****
- I certify that I am the parent/Legal Guardian of the above player. I give my permission for her to play softball. I acknowledge that the TBGSA/C.R.R.A is not responsible for any injuries or accidents, either before, during or following games or practices, nor for any damage or loss of person belongings, however caused, the TBGSA/C.R.R.A shall be released from any and all claims. I acknowledge and understand the risks involved to my child as a participant of this activity.
- Parents/Players are required to participate in our fundraising programs.
- *** Registration fee of 110.00\$ MUST be paid in full before the start of the season*** (Cheques payable to the C.R.R.A)
- In order to ensure that teams are as equal/fair as possible, any player who does not attend the evaluation session for Minor Major & PeeWee will forfeit their right to any request for a specific coach or player.
- TBGSA recommends that baseball pants or jogging pants are worn during play for safety reasons. ****PANTS WILL NO LONGER BE PROVIDED BY THE TBGSA****

I agree to all above terms and conditions.

Parent/Guardian Signature: _____ Date: _____

*****Please Initial box if you give permission for your daughter’s photo to be published on the TBGSA Website, Facebook Page & Advertisements*****

LEAGUE USE ONLY

Paid By: Cash _____ Cheque _____ ProKids _____ Not Paid _____

Total Amount Paid: _____

Division: Minor Major _____ PeeWee _____ Bantam _____ Ladies _____

Completed by **Initials of person completing this section** _____