



# EAST GWILLIMBURY MINOR SOFTBALL ASSOCIATION

212 East Street, Holland Landing, ON L9N 1K9

## REGISTRATION FORM

(Please PRINT clearly. One form per registrant)

Last Name:	_____	First Name:	_____
Address:	_____	Date of Birth:	_____
	_____	Sex:	M            F
Postal Code:	_____	Health Card #:	_____
Mothers Name:	_____	Contact Phone #:	_____
	_____	Emergency Ph #:	_____
Fathers Name:	_____	Email:	_____
	_____		_____
Medical Problems:	_____		

### PLAYER HISTORY

\_\_\_\_\_ has been a registered participant in this sport before. If you have been a registered participant before, for how many years? \_\_\_\_\_ If you were registered in this sport for the past 1 or 2 years, please complete the following:

	House League	Select	Rep
Lat year I played			
2 years ago I played			
I wish to try out for			
Desired Playing Position:			
Special Request:			

### VOLUNTEERS NEEDED

Name:	_____	Phone #:	_____
Coaching	Convenor	Food Booth	
Umpiring	Executive	Sponsor	

### INDEMNITY, RELEASE AND AUTHORIZATION

In consideration of the Town of East Gwillimbury and the East Gwillimbury Minor Softball Association permitting me or my child to participate in minor softball, I for myself, my heirs, executors, administrators, successors and assigns (the "releaser") hereby agree to indemnify and save harmless the Town of East Gwillimbury, its council and all of its employees and agents. The East Gwillimbury Minor Softball Association and its executive, directors, coaches and members (the "releasees") from and against all claims, demands, actions and proceeding, by whomsoever made or brought, in respect of any costs, expenses, loss, damage, or injury, including death, arising from any and all actions, causes of actions, claims and demands for damages, loss or injury, howsoever arising, or which the releaser has or may have be reason of my or my child's participation in such program, or by reason of the provision of medical care to me/him/her. I further acknowledge that playing the game of softball has certain risks of bodily injury and that I voluntarily assume those risks.

I hereby grant permission for my child to fully participate in the East Gwillimbury Minor Softball program. I authorize any director or coach of the association to authorize medical treatment to my child in the event of illness or injury sustained in my absence when my child is participating in the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian of Participant if 18 years or older

### E.G.M.S.A. USE ONLY

	Amount Received	_____
		Cash / Cheque
Date	Received by:	_____
		(Authorized E.G.M.S.A. Representative)