

REGISTRATION FORM

Office use only

GREATER KINGSTON SOFTBALL ASSOCIATION

DATE:

B / M / G / O

LAST NAME:	FIRST NAME:	MALE / FEMALE
ADDRESS:	CITY & POSTAL CODE:	DOB: YY/MM/DD / /
PHONE: CELL:	PARENTS NAME:	DIVISION:
ALTERNATE CONTACT NAME/NUMBER:	EMAIL:	REGISTRATION FEE: \$ CHEQUE # CASH

How would you like to be contacted? Phone, cell phone, e-mail? Circle all that apply.

Please circle if you are wishing a try out for a SELECT Team? YES \_\_\_ NO \_\_\_

I intend to play rep ball this summer (any organization): YES \_\_\_ NO \_\_\_

HAVE YOU PLAYED BALL BEFORE: YES / NO HOW MANY YEARS: \_\_\_ POSITION PLAYED: PITCHER / CATCHER

NOVICE/PEEWEE LEVEL & UP: PANT SIZE: S M L XL - I WILL PROVIDE MY OWN BLACK BALL PANTS A REDUCTION OF \$10.00 FOR ANY PLAYER WISHING TO USE THEIR BLACK BALL PANTS FROM THE PREVIOUS YEAR.

I AM INTERESTED IN HELPING: TEAM SPONSORSHIP [ ]; UMPIRING [ ]; COMMITTEE [ ]; COACHING [ ]; ASSISTING [ ]

SPONSORSHIP NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

COACHING EXPERIENCE: YES / NO YEARS: \_\_\_\_\_ LEVEL: \_\_\_\_\_

CITY/ORGANIZATION: \_\_\_\_\_

NOTE: PARENTS/GUARDIAN, PLEASE SIGN WAIVER ON THE REVERSE SIDE.

WAIVER FORM

I understand that participation in softball activities involves certain risks and dangers which are inherent to the sport but are not limited to:

- 1) Extreme physical stress while practicing or competing in fields that may be unlevel, wet or have rocks showing through the surface.
- 2) Extreme physical stress when trying to dodge or being hit by a pitched ball of which the pitcher lost control.
- 3) Extreme physical stress when trying to reach for the batted ball that is just out of my reach.
- 4) Extreme physical stress when sliding into a base while trying to avoid a tag and possible twisting an ankle when coming in contact with a solid home plate.

The preceding list is not exhaustive and is meant solely to emphasize the level of risk and danger inherent in softball practice and competition. In consideration of membership in the Canadian Amateur Softball Association (CASA) and/or Ontario Amateur Softball Association (OASA) and/or Greater Kingston Softball Association (GKSA), I recognize the risks inherent in softball and hereby release GKSA its servant and agent from any liability there of or in connection with any activity of softball, anywhere in Canada and the United States, including any liability due to a breach of contract or the negligence of its servants and agents in the course of my participation in the sport of softball.

I further acknowledge that I have read the above release and understand that I am relinquishing any and all right that I or any of my dependents, or my heirs, executors and administrators might have against GKSA or other employee or agent in any of the activities I am involved in, and make this release on behalf of myself and on behalf of heirs, executors, administrators and assigns and of my own free will. I further confirm that I am over the age of majority in my Province (alternatively), I understand that my parent or guardian is required to sign this waiver form, before I can participate in any activity under the auspices of GKSA.

As a spectator at a game, I am expected to show a positive, supportive attitude. Failure to do so could mean ejection from the ball park.

Parent Signature

Date

Player's Signature (if 18 or older)

\_\_\_\_\_