



ST. CATHARINES LADIES SOFTBALL LEAGUE  
REGISTRATION FORM 2012

PLAYER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

(PLEASE PRINT)

(AS OF JAN 1, 2012)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BIRTHDATE: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

PREVIOUS DIVISION: \_\_\_\_\_ PREVIOUS TEAM: \_\_\_\_\_

SPECIAL REQUESTS  
: \_\_\_\_\_

Is this Player a Pitcher: Yes \_\_\_\_\_ No \_\_\_\_\_ Is this Player a Catcher: Yes \_\_\_\_\_ No \_\_\_\_\_

We are committed to protecting the privacy of your personal information. We maintain a record of our interaction. Occasionally, we may contact you with softball related communications. If you have any questions or concerns regarding the privacy of your personal information, please contact the S.C.L.S.L Secretary.

**CONSENT:**

I agree that the ST. CATHARINES LADIES SOFTBALL LEAGUE EXECUTIVE and COACHES shall not be liable in case of accident or injury however caused.

I agree that all equipment and uniforms are property of the League

I consent to the use of the above personal information for the purposes of communicating the ST. CATHARINES LADIES SOFTBALL LEAGUE's programs, events, and activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print form, fill out, sign and send with payment to:

Mary Murphy (Registrar)  
165 Keefer Road  
Thorold, Ontario L2V 4N2

Payment Received: \_\_\_\_\_