



# ST. CATHARINES LADIES SOFTBALL LEAGUE REGISTRATION FORM 2018

PLAYER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
(Please print clearly) (As of January 1<sup>st</sup>, 2018)

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

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

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

PARENT'S NAME: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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

DIVISION PLAYER WOULD LIKE TO PLAY IN: \_\_\_\_\_

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

EMERGENCY CONTACT NAME & #: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

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: \_\_\_\_\_

Would you like a tax receipt emailed to you? YES \_\_\_\_\_ NO \_\_\_\_\_

**Please print, fill out, sign and send with payment to:  
Debby Leigh, 4 The Meadows, St. Catharines, ON, L2N 7K6**

Payment Received: \_\_\_\_\_ Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_