



ST. CATHARINES LADIES SOFTBALL LEAGUE REGISTRATION FORM 2019

PLAYER'S NAME: _____ AGE: _____

BIRTHDATE: Day: _____ Month: _____ Year: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PARENT'S NAME: _____

PHONE NUMBER: (H) _____ (C) _____

EMAIL: _____

PREVIOUS DIVISION: _____ PREVIOUS TEAM: _____

HOUSE LEAGUE DIVISION: LEARN TO PLAY \$50 MITE \$60 SQUIRT \$80

NOVICE \$90 BANTAM \$100 LADIES \$125

SELECT DIVISION (IF PLAYING): \$90 SQUIRT NOVICE BANTAM

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: _____

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

Payment Received: _____ Cash: _____ Cheque: _____