



# 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): \$75  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: \_\_\_\_\_