

BATTLEFORDS MINOR SOFTBALL ASSOCIATION
P.O. Box 222, North Battleford SK S9A 2Y1

Don Bates Pitching Clinic 2020

*****Only equipment needed - Runners and a Glove and will need to provide own catcher! *****

NAME: _____ GENDER: F _____ M _____

MAILING ADDRESS: _____ POSTAL CODE: _____

PHONE: _____ D.O.B. -- D: _____ M: _____ Y: _____ HEALTH # _____

PLAYERS EMAIL ADDRESS: _____

MOTHER'S NAME: _____ PHONE: _____ EMAIL: _____
(PLEASE PRINT) CELL: _____

FATHER'S NAME: _____ PHONE: _____ EMAIL: _____
(PLEASE PRINT) CELL: _____

I/WE THE PARENTS/GUARDIANS OF THE ABOVE NAMED CHILD, HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES OF THE BATTLEFORDS MINOR SOFTBALL ASSOCIATION DURING DON BATES PITCHING CLINIC. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND THE TRANSPORTATION TO AND FROM THE ACTIVITIES. I/WE DO FURTHER HEREBY RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE BATTLEFORDS MINOR SOFTBALL ASSOCIATION, THE ORGANIZERS, SPONSORS, AND SUPERVISORS AND ANY AND ALL OF THEM. IN THE EVENT OF INJURY TO MY/OUR CHILD, I/WE HEREBY WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, SPONSORS AND ANY SUPERVISORS APPOINTED BY THEM I/WE LIKEWISE RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING MY/OUR CHILD TO OR FROM ACTIVITIES.

PARENT OR GUARDIAN:
SIGNATURE _____

Dates:

January

7th, 14th, 21st, 28th

February

4th

REGISTRATION FEES

BMSA Registered 100.00

Non BMSA Registered 120.00

PLEASE MAKE CHEQUES PAYABLE TO BMSA OR WE CAN ACCEPT ETRANSFER @
battlefordsminorsoftball@outlook.com