

BATTLEFORDS MINOR SOFTBALL ASSOCIATION INC
PO Box 222, North Battleford SK S9A 2Y1
REGISTRATION 2020 SEASON
(CO-ED LEARN TO PLAY SOFTBALL PROGRAM)

NAME: _____ GENDER: F _____ M _____

MAILING ADDRESS: _____ POSTAL CODE: _____

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

IS CHILD OF ABORIGINAL ANCESTRY? CIRCLE YES NO

MOTHERS/GUARDIAN NAME: _____ PHONE: _____ EMAIL: _____
(PLEASE PRINT) CELL: _____

FATHERS/GUARDIAN 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 THE 2020 SEASON. 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

REGISTRATION FEES

LEARN TO PLAY (CO-ED) TUES/THURS \$70.00
LEVEL 1-2014-2015
2-2012-2013

PARENT VOLUNTEERS ARE VITAL FOR THE ABOVE PROGRAM TO CONTINUE AND BE SUCCESSFUL IF YOU CAN ASSIST IN ANY WAY, PLEASE CIRCLE ONE OF THE FOLLOWING:

COACH ASS'T COACH PARENT HELPER

Do you consent to having your child's photo posted on any of BMSA's social media platforms?

YES NO

REGISTRATIONS ACCEPTED UNTIL APRIL 1, 2020. \$50.00 LATE FEE AFTER APRIL 1ST.

NO REFUNDS ISSUED AFTER MAY 1, 2020

For Inquires please email:
battlefordsmminorsoftball@outlook.com

REGISTRATION FEE PAID: \$ _____ CASH/CHEQUE DATE: _____