



# Kitchener Minor Girls Softball Association Registration Form

R / N

Recreational

Competitive (REP)

LTP

Mite

Squirt

Novice

Bantam  Midget

Player Information    Shirt Size: Youth    S    M    L    Adult S    M    L    XL

Special Requests: \_\_\_\_\_ I am interested in clinics for Pitching  Catching  Umpire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Surname Given D M Y

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_ Birth Registration#: \_\_\_\_\_

Doctor Name & Phone#: \_\_\_\_\_ School Attending: \_\_\_\_\_

Does the participant have any medical ailments or allergies to food, drugs or insect bites or wear contact lenses? Also list any physical or emotional disorders that would limit her participation in this program.

## Parent / Guardian Information

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

I hereby give permission for the registrant named on this form to participate in the activities of the Kitchener Minor Girls Softball Association and agree to insure my child or children against any loss, injury or damage resulting from these activities. I agree to indemnify and save harmless the Kitchener Minor Girls Softball Association, its executive members and volunteers from all losses, damages, claims and demands occasioned thereby.

Further, I hereby authorize the coach to secure medical advice and services as may be deemed necessary for the health and safety of my daughter. I agree to accept financial responsibility in excess of the benefits allowed by Provincial insurance.

I also agree to KMGSA website policy and allow images of my daughter to be published on the KMGSA website or in Newspapers or other publications for the promotion of Softball and KMGSA.

I understand that the City of Kitchener Behaviour Policy is in effect for everyone associated with any KMGSA activity, including, but not limited to, players, parents, spectators, coaches, and officials. For further information visit [www.KMGSA.com](http://www.KMGSA.com).

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

KMGSA is committed to protecting the privacy of your personal information. KMGSA may maintain a record of your interaction with other affiliated teams (scores, statistics, etc.), competitions, playoffs and travel commitments, where required. Occasionally KMGSA may contact you with softball related communications. If you have any questions or concerns regarding the privacy of your personal information, please contact KMGSA at (519) 745-4722 or email [info@kmgsa.com](mailto:info@kmgsa.com)

**Please mail your completed registration form and cheque to KMGSA, Box 24032 Highland Rd W, Kitchener, ON N2M 5P1  
Or drop off at the Hockey Office @ Activa Sportsplex, 135 Lennox Lewis Way, Monday through Friday from 9am - 4:30pm**

Office Use: Paid via Mail  Mass Registration  Other Registration  Hockey office  Other

Fee AMT Paid: \_\_\_\_\_ Paid by: Cash  or Cheque  # \_\_\_\_\_ Received by: \_\_\_\_\_