

**Kenmore Minor Softball Registration**

Players Information

Player's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

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

Shirt Size: Youth : S / M / L    Adult: S / M/ L (Circle one)  
6/8 , 10/12 , 14/16

Level: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

(T - ball , Mites ,etc) (Cheques payable to : Kenmore Minor Ball Association)

Medical Conditions (if applicable): \_\_\_\_\_

First Parent/Guardian:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Second Parent/Guardian:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

**I AGREE TO ALLOW MY CHILD, NAMED ABOVE, TO ATTEND AND PARTICIPATE IN THE ABOVE ACTIVITY. I ALSO AGREE TO WAVE , ABSOLVE , INDEMIFY AND AGREE TO HOLD BLAMELESS THE KENMORE MINOR SOFTBALL , SPONSORS , SUPERVISERS , PARTICIANTS , AND PERSON TRANSPORTING MY CHILD TO AND FROM EVENTS , FOR ANY CLAIMS ARISING OUT OF AN INJURY TO MY CHILD ATTENDING AND/OR PARTICIPATING IN THE ABOVE NAMED ACTIVITY. I HEREBY GIVE MY CONSENT FOR PICTURES OF MY CHILREN TO BE USED FOR PUBLICITY OF KENMORE BALL ACTIVITIES.**

Parent/Guardian:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For KMSA:

Payment: Cash : \_\_\_\_\_ Cheque : \_\_\_\_\_ Form