



TOWNSHIP OF MINDEN HILLS YOUTH SOFTBALL REGISTRATION FORM



7 Milne Street
PO Box 359
Minden, ON
KOM 2K0
705-286-2298

www.mindenhills.ca

Player's Name: _____

Date of birth: _____ Gender: Male Female

Health Card Number: _____ Has your child played before? Yes No

Allergies/medical concerns? Yes No If yes, please explain: _____

Shirt size (please circle one) Youth: X-Small, Small, Medium, Large Adult: Small, Medium, Large



Parent/Guardian Name: _____

Address: _____ Town/City: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____

Alternate Emergency contact (Name and Telephone number) : _____

Photo Release and Assumption of Risk

a) For marketing and promotional purposes, the township of Minden Hills documents its programming and events through photos and video. I, _____ hereby consent that photos/video can be taken of my child/myself for the following purpose: promotion, grant proposals, newspaper articles and websites

b) in consideration of The Corporation of the Township of Minden Hills permitting me/and or the person (s) listed above to participate in the offered recreational programming, I, for myself, for the person (s) listed above and for all the persons who may be entitled to make a claim, hereby release, discharge and indemnify and save harmless The Corporation of the Township of Minden Hills, and its agents, volunteers and employees from any and all claims by whosoever made for damages, liabilities or losses arising from injury to or death of myself and/or person (s) listed above and property by reason of my and/or his/her participation in the offered recreational programming or by reason of the provision of medical care to me and/or him/her.

Parent/Guardian Signature

Date

Cash Credit Cheque# _____ Debit
Received by: _____
Date: _____

Jr. Blastballers: 2013-2014 Atoms: 2007-2008
Blastballers: 2011-2012 Peewee: 2004-2006
Mites: 2009-2010 Bantam: 2000-2003