

FLAMBOROUGH MINOR SOFTBALL ASSOCIATION 2012

Web Page: www.fmsa.ca

CENTRE: _____ **EMAIL:** _____

Level	Boy/Girl	Year Born	Age	Registration Fee	Payment Cash/Cheque
T-Ball		2006-2007	5 & 6 yrs.		
Grasshopper		2004-2005	7 & 8 yrs.		
Atom		2002-2003	9 & 10 yrs.		
Squirt		2000-2001	11 & 12 yrs.		
Pee-Wee		1998-1999	13 & 14 yrs.		
Bantam		1996-1997	15 & 16 yrs.		
Midget		1994-1995	17, 18 & 19 yrs.		
Junior		1991-1993	20, 21, 22 & 23 yrs.		

Name:	Birthdate (dd/mm/yr):
Telephone #:	E-mail Address:
Full Street Address:	Postal Code:
City/Town:	Cell Phone:

MEDICAL INFORMATION:

HEALTH INSURANCE #: _____
FAMILY DOCTOR: _____ PHONE # _____
ALLERGIES/HEALTH ISSUES: _____

*Parent(s)/Guardian(s) Name: _____

Alternate Contact: (Name & Phone #) _____

LIABILITY ACKNOWLEDGEMENT & PARENTS CONSENT:

<p>*As a parent/legal guardian of the above named minor, I hereby give my consent and approval to his/her participation in any and all activities of the Flamborough Minor Softball Association for the current year of 2012. I acknowledge that participation involves risk of injury, minor or serious, including the possibility of permanent disability.</p> <p>I understand that this activity is governed by rules and regulations which are designed for the safety and protection of its participants. I hereby undertake to assure that the above named minor understands and abides by all such rules and regulations. I also understand that this activity requires a minimum of fitness for safe participation.</p> <p>Parent's/Guardian's Signature: _____ Date: _____</p>
