FLAMBOROUGH MINOR SOFTBALL ASSOCIATION 2012 REGISTRATION FORM

Special Permission

CENTRE_____ DIVISION _____

*As a parent/legal guardian of the below 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.
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 below 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.

#	Player's Name	Complete Municipal Street Address	Postal Code	Birth Date mm/dd/yy	Phone Number	Parent Signature

Coaching Team Names and Telephone Contact Number	2.
1.	3.