



MEDICINE HAT MINOR SOFTBALL ASSOCIATION

WINTER PITCHING & CATCHING CLINIC

JANUARY 15-FEBRUARY 19/2012

REGISTRATION FORM

Name: _____

Phone Number: _____

Date of Birth: _____ Alberta Health Care #: _____

Pitcher or Catcher (Please Circle)

Number of Years Playing this Position: _____

PARENT OR GUARDIAN

Name: _____

Address: _____ Postal Code: _____

Home Phone# _____ Emergency Contact#: _____

Email Address: _____

Please Indicate T-Shirt Size:

Child: ___ Small ___ Medium ___ Large

Adult: ___ Small ___ Medium ___ Large

FEE: \$40 Registered MHMSA Players. \$60 for Non Registered MHMSA Players

CHEQUES ARE TO BE PAYABLE TO [MEDICINE HAT MINOR SOFTBALL ASSOCIATION](#)
AND DROPPED OFF WITH THE REGISTRATION FORM THE FIRST DAY OF THE CLINIC.
JANUARY 15/2012.

RELEASE FORM

I/We, the parents/guardian of _____ Hereby give my/our permission for my/our child to participate in any and all of Medicine Hat Minor Softball Association activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Medicine Hat Minor Softball Association, the organizers, sponsors, coaches, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of injury to my/our child. I/We will furnish an Alberta Health Care Number for the above named candidate to League Officials.

Parent/Guardian Signature: _____ Date: _____