



MEDICINE HAT MINOR SOFTBALL ASSOCIATION

Skills Camp REGISTRATION FORM

Female Male (please circle)

Name _____

Phone Number _____

Date of Birth _____ Alberta Health Care Number _____

Number of years child has played ball _____

Position(s) played _____

PARENT OR GUARDIAN

Name _____

Address _____ Postal Code _____

Home Phone # _____ Daytime Phone # _____

Email Address _____

Please indicate T-shirt size:

Child ___ Small ___ Medium ___ Large

Adult ___ Small ___ Medium ___ Large

FEE: ** \$40 for MHMSA Players. \$55 for non- MHMSA Players

Cheques are to be payable to **Medicine Hat Minor Softball Association**. Please bring your own glove and helmet.

RELEASE FORM

I/We, the parents/guardian of _____ Hereby give my/our permission for my/our child to participate in any and all 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.

Parents

Signature _____ Date _____

For more information, please go to www.medhatminorsoftball.ab.ca