



# 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 \_\_\_\_\_

**FEE:** February and March 2010 skills camps are **FREE**

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 \_\_\_\_\_