

SOUTH EAST MINOR SOFTBALL ASSOCIATION INC.
2010 SOFTBALL REGISTRATION
***** All Divisions are Co-ed *****

Name: _____ Male _____ Female _____

Address: _____ Postal Code: _____

Birth Date: (**day,month,year**) _____ Telephone #: _____

Hospitalization # : _____ Parents Email address: _____

T-shirt sizes for players: **Youth** M L **Adult** AS AM AL AXL

***Please do not allow new body piercings of any kind before ball season.
All jewellery MUST be removed before every game and practice or the person cannot play.***

FEE: \$55.00 per child or \$100.00/Family (immediate siblings only – **MAX 3**)
(\$25.00 per extra child)

AGE DIVISIONS AND TEAMS WILL BE DETERMINED AFTER LAST REGISTRATION DATE ON **March 30th, 2010.**

I hereby authorize the registrant to participate in the indicated program. I also agree to abide by the bylaws and rules of the South East Minor Softball Association Inc.

I hereby give permission for the South East Minor Softball Association Inc. to use any photos taken for publicity means

Yes: _____ No: _____

Name of the parent or guardian (please print)

Telephone number

Signature of the parent or guardian

Date

**Please check any appropriate items below. We are in need of volunteers this year.
With out them, there will be no ball league and your money will be refunded.**

Please check: Coach _____ Assistant Coach _____ Umpire _____

Name: _____ Address: _____

Postal code: _____ Phone #: _____ Age: (if not Adult) _____

A compulsory clinic will be held prior to the start of the season for anyone wishing to umpire. Umpires will be paid \$15.00 for plate umping and \$10.00 for base umping. Umpires must be 13 years of age before ball season.

Payment Details:

Payment received by: _____

Amount received: \$ _____ include community fees(circle one) Yes No

Cheque: _____ Cash: _____ Date: _____

NOTE: NSF cheques will be charged a \$30.00 fee to be paid in cash or money order ONLY.

Membership Cards: Required (circle one) Yes No

Number: _____ Community: _____