



Registration

Player Name: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Parent/Guardian Name: _____

Emergency Contact: _____ Emergency Contact Number: _____

Most Recent Team: _____

Total Number of Years Playing Softball: _____ Player Sex (please circle): M / F

Primary Position: _____ Secondary Position: _____

T-Shirt Size (Circle): Youth: YS YM YL YXL Women: S M L XL Men: S M L XL

I hereby give permission for my child to be photographed during the Collegiate Fastpitch Camp. The photographs will be downloaded onto the Facebook page for the parents and child's enjoyment. Some pictures could be used within our Facebook page or for future advertisements.

Parent/Guardian's Initials: _____ Circle: Yes or No

I _____ assume all risks of injury arising out of my child's participation in the Collegiate Fastpitch Camp, my child's use of equipment or facilities and participation in activities on the diamond/field. I hereby waive, release and agree to hold free from all claims for damages the Collegiate Fastpitch Camp and its coaches, volunteers and/or employees. I understand that there is an inherent risk and danger involved in participating in sports and specifically softball camp, programs and activities of the Collegiate Fastpitch Camp. I (the parent or legal guardian of the participating child) confirm my child is physically capable to participate in the program.

Parent/Guardian Signature: _____ Date: _____