



Ayr Minor Softball

REGISTRATION FORM 2011

DIVISION (PLEASE CHECK ONE)

T-Ball/ LTP <input type="checkbox"/> Born 2005-2007 \$40	TRI-MITE <input type="checkbox"/> Born 2003-2005 \$75	MITE <input type="checkbox"/> Born 2002-2001 \$75	SQUIRT <input type="checkbox"/> Born 1999-2000 \$75	PEEWEE <input type="checkbox"/> Born 1998-1997 \$100	BANTAM <input type="checkbox"/> Born 1995-1996 \$100
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****IF NEW TO AMSA PLEASE INCLUDE A COPY OF PLAYERS BIRTH CERTIFICATE****

PLAYER INFORMATION

Player's last name:		First:	Initial	Birth date: M / D / YY		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:				Email Address:		Home phone no.: ()		
P.O. box:		City:		Province:		Postal Code:		
Parent/Guardian Name		Parent/Guardian Name				Work Phone: ()		

MEDICAL INFORMATION

*** Any medical condition or injury problem should be checked by your physician before participating in a softball program***

Health Card No:			Date of Last Complete Physical Examination: M / D / YY		
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify:			
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:			
Fainting during exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Wears glasses/Contact lenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	If glasses, are lenses shatterproof? <input type="checkbox"/> Yes <input type="checkbox"/> No			
History of concussions	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Anything not covered above					

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to Player:	Home phone no.:	Work phone no.:
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Permission & Privacy Information

By signing below, the parent/guardian of the player:

- Understands that it is their responsibility to keep the team management advised of any change in the above medical information.
- Permits AMSA and it's representatives because of an accident /injury to administer first aid and /or medical attention at it's discretion.
- Holds harmless the organization and its directors, officers and coaches harmless from any liability, for any reason, how so ever caused.
- Agrees to follow the rules of AMSA as applied to players and parents conduct at all games and practices
- AMSA agrees not to release any personal or private information to any third party other than for league and tournament play.

Parent/Guardian signature	Date : YY / MM / DD
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Is your child trying out for Rep YES NO
Interested in Coaching? YES NO
Helping Coach? YES NO

AMSA USE ONLY

Registration paid ☐ Cash ☐ Cheque
 Registration Checked ☐
 Copy of Birth Certificate ☐ (new players only)