

MAIL IN ONLY

BURNABY MINOR SOFTBALL ASSOCIATION

www.burnabysoftball.org

LTP 1 LTP T Ball LTP Mites Squirt PW Bantam Midget

Team/Coach _____

Proof of Birthdate shown

DATE _____

Softball BC Membership # 91-99 _____

If you don't have a number or can't find it please enclose an additional \$10.
BMSA will pay for the membership fee for children born in 1999 only.

First Name _____ Last Name _____ Father's Name _____

Birth Date Month _____ Day _____ Year _____ BOY GIRL Mother's Name _____

Mailing Address _____ City _____ Postal Code _____

Phone # to reach player at 604 _____ Email _____

If you do not live in Burnaby, New Westminster or Richmond you will need a Cross Boundary Permit or Residential Move Form before registering.

Everyone to complete

School attending _____

******PLEASE GIVE ALL MEDICAL INFORMATION TO YOUR CHILD'S COACH.**

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| <p>THIS SECTION FOR LTP Level 1 LTP T-Ball LTP Mites</p> <p>Did you play for Burnaby Softball last year? YES NO</p> <p>Name 2 friends you would like to play with _____</p> <p>_____</p> <p>LTP Level 1 (check where you want to play) <input type="checkbox"/> WESBURN PARK Played on Wednesdays 6:30 - 8pm <input type="checkbox"/> SQUINT LAKE PARK</p> | <p>THIS SECTION FOR SQUIRT THRU MIDGET DIVISIONS ONLY</p> <p>Did you play for Burnaby Softbal last year? YES NO</p> <p>Coaches' Name(s) _____</p> <p>Do you want to return to the same team? _____</p> <p>Are you the right age to play with this team? _____</p> |
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REP (Oakeys) - Please check the box if you are or would like to try out - whether you are new to the rep program or you played rep last season.

COACHES: information requested - Name of person willing to coach: _____

or Assistant Coach Name: _____ to coach/assist with _____

PLEASE READ CAREFULLY BEFORE SIGNING

I, the parent/guardian of the above named child/player agree and understand that all fees must be paid before my child will be placed on a team. I hereby acknowledge that the information provided above is accurate. I hereby give my approval for his/her participation in all Burnaby Minor Softball Association activities. I assume responsibility for all risks, liabilities and hazards due to playing softball incidental to such participation, including transportation to and from activities and I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY and AGREE TO HOLD HARMLESS, The Burnaby Minor Softball Association, the organizers, sponsors and participants of my child. I will provide transportation for my child to all games and practices, will provide this child with an approved batting helmet, suitable glove for softball play, and also understand that my child must attend ALL GAMES in the FULL uniform supplied by the Burnaby Minor Softball Association. ALL UNIFORMS MUST BE removed on closing weekend after your child's final game. NO EXCEPTIONS. I also guarantee the return of the uniform or will make payment of \$100.00 (\$300.00 for rep) if I do not return the uniform to the Coach at closing or as otherwise requested. I understand that failure to return equipment/uniform(s) will result in a family suspension in the association until the matter has been resolved. PLEASE NOTE: It is our policy to place 'C' Level players on teams by school attending area or the area where they reside, whenever possible. We will make ever effort to place players on teams that they played on last season provided there is space available, the coach returns, the player registers by February 27th of the playing season year and is the right age for that team. Players may be moved around until teams have sufficient numbers to play. You will not be notified of team placement until after the coaches' meeting in late March. Refund policy is set out below.

Date _____

Signature _____

BURNABY MINOR SOFTBALL ASSOCIATION

c/o 8953 Horne Street, Burnaby, BC V3N 4J8
 BMSA Info Line (24 hours) 604-294-4153
 Softball/Fastpitch Leagues Season April 1 thru July 31

FOR IMPORTANT LEAGUE DATES & INFO
 please go to our website: www.burnabysoftball.org

REFUNDS must be made in writing and **MUST** be accompanied by this receipt. (Copies not accepted) and must be requested prior to March 15th each season. All refunds will be subject to a \$25 processing fee.

NOTE: If for any reason your cheque is returned by the bank this registration is voided.

OFFICIAL RECEIPT 2010

Payment Date _____ Name of Payer _____

Name of Child _____ Year of Birth _____

(must be under 16 at Jan 1st for tax credit)

Amount Eligible for Tax Credit Authorized by: _____

Division Registration Fee Rep Fee

Softball BC Lifetime Membership Fee *if applicable* \$10

Paid by CK # _____ Cash _____ **TOTAL PAID**

