

## Consort Minor Ball/Soccer Registration Form 2018

### Girls

### Boys

Category	Birth Year	Fees	Provincials	Category	Birth Years	fees	Provincials
T-ball/soccer	2013-2014	\$40.	N/A	T-ball/soccer	2013-2014	\$40.	N/A
Soccer 5-8	2010-2012	\$40	N/A	Soccer 5-8	2010-2012	\$40	N/A
Soccer 9-11	2007-2009	\$40	N/A	Soccer 9-11	2007-2009	\$40	N/A
Coach pitch	2010-2012	\$60	N/A	Coach pitch	2011-2012	\$60	N/A
Mites	2008-2009	\$60	N/A	Rookie Boys	2009-2010	\$60	N/A
Squirts	2006-2007	\$60	N/A	Mosquito	2007-2008	\$60	N/A
U14	2004-2005	\$60	Y or N	Peewee	2005-2006	\$60	Y or N
U16	2002-2003	\$60	Y or N	Bantam	2003-2004	\$60	Y or N

Volunteer Information: I would like to help in the following way: \_\_\_\_\_

Player Name: \_\_\_\_\_ Category: \_\_\_\_\_ DOB: \_\_\_\_\_ Fees Pd: \_\_\_\_\_

Player Name: \_\_\_\_\_ Category: \_\_\_\_\_ DOB: \_\_\_\_\_ Fees Pd: \_\_\_\_\_

Player Name: \_\_\_\_\_ Category: \_\_\_\_\_ DOB: \_\_\_\_\_ Fees Pd: \_\_\_\_\_

Player Name: \_\_\_\_\_ Category: \_\_\_\_\_ DOB: \_\_\_\_\_ Fees Pd: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical concerns coaches need to be aware of: \_\_\_\_\_

**Please Read Carefully:**

I/we hereby acknowledge that I/we are aware of all risks associated with or related to this sport and its facilities, including the risk of severe or fatal injury to my/our child.

Particulars of which, but are not limited to:

- Changes or variations in playing surface
- Impact or collision with fences, dugouts, equipment or other structures/objects used in conjunction with this sport
- Impact or collision with players, officials, coaches or other people present in the playing area
- Negligence of the other players on the playing area

I/we do hereby release, absolve, indemnify and save harmless the Consort Minor Sports Association, the Village of Consort, Coaches and volunteers, any and all of them from any claim which I/we or said child may have as a result of their participation, regardless of whether or now such loss or injury is caused solely or partly on the negligence of any of the above-mentioned parties. I give consent for photos to be taken and distributed in a Minor Sports related manner.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

For office use only

Registration Fee \$ \_\_\_\_\_ Date Paid : \_\_\_\_\_  Cash  Cheque # \_\_\_\_\_

Uniform Dep. Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  Cash  Cheque # \_\_\_\_\_



# Little League® Baseball and Softball Medical Release



**NOTE:** To be carried by any Regular Season or Tournament  
Team Manager together with team roster or International Tournament affidavit.

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Parent & Guardian Authorization:**

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If parent(s)/guardian cannot be reached in case of emergency, contact:**

Name	Phone	relationship to player

Name	Phone	relationship to player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	medication	dosage	frequency of dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL**  
 Little League® Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.