

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.