

Garden River Recreation Centre & Garden River Softball Association

Player T-ball Registration Form

Player Name				
Address				
Address 2				
City/Prov/Postal				
Home Phone	()	(Cell)		
Birthdate				
Gender	Male Female	e <u>Jersey</u> :	Size Small	Medium Clarge CEx- Larg
Parent #1 (if nec	essarv)		Parent #2 (If no	ecessary
Name			Name	
Phone			Phone	
Email			Email	
Occupation			Occupation	
Cell Phone	()		Cell Phone	()
Volunteer?	☐ If checked, fill out "Volunteer App	olication"	Volunteer?	If checked, fill out "Volunteer Application"
Medical Information Emergency Contact Relationship To Player			Phone () Cell ()	
Allergies			Cen ()	
Health Condition	ıs			
 I/We, the parents/guardians of the above-named participant for the Garden River Softball Association League, hereby give my/our approval to participate in any and all Garden River Softball Association League activities. I/We know that participation in softball league may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the league, the Garden River Recreation Centre, the organizers, volunteers, coaches, chaperones, supervisors, participants and the Garden River First Nation. If jersey's are available for the participant, I/We agree to return upon requested the uniform, clean and in good condition. 			Registration due Tuesday, <u>June 5,2013</u> Drop off registration at the Garden River Recreation Centre or email to info@grfnrec.com	
Signature				Date
	Participant or Parent(s	s)		
Signature and Rickard			•	Date amil 26 2013

League Representative