



AURORA DIGGERS GIRLS SOFTBALL ASSOCIATION

2017 HOUSE LEAGUE PLAYER REGISTRATION FORM

PLAYER'S INFORMATION	UNIFORMS		
Player's Last Name: _____ First Name: _____ Birth date: ____/____/____ <small style="margin-left: 20px;">day month year</small> How did you hear about us? <input type="checkbox"/> Street Ad <input type="checkbox"/> Community Centre Table Other: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Print Ad	All LTP Players receive a hat and T-shirt. U10-U12 Players receive a hat, T-shirt and shorts. U14-U16 Players receive a hat, T-shirt and pants. T-Shirt (Youth Sizing) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L (Adult Sizing) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Shorts (U10-U12) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Pants (U14-16) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		
2017 DIVISION INFORMATION & FEES			
Division	Year of Birth	Before April 2, 2017	After April 2, 2017
Learn To Play Level I	2011 <small>or 5 yrs old as of May 1st, 2017</small>	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95
Learn To Play Level II	2009 or 2010	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95
Mite (U10)	2007 or 2008	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170
Squirt (U12)	2005 or 2006	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170
Novice (U14)	2003 or 2004	<input type="checkbox"/> \$200	<input type="checkbox"/> \$220
Bantam (U16)	2001 or 2002	<input type="checkbox"/> \$200	<input type="checkbox"/> \$220
The Aurora Diggers Girls Softball Association is committed to helping more girls get active. We encourage parents who need financial assistance to check out CANADIAN TIRE - JUMPSTART or the SPORT AURORA - ALL KIDS CAN PLAY PROGRAM . http://jumpstart.canadiantire.ca/en/ or http://www.sportaurora.ca			
TEAM MATES Every effort is made to honour Team Requests of a player in the same division, however this is not always possible. <u>Please list only one player.</u> _____			
Volunteers are the lifeblood of our organization. Note: All parents with players in the LTP program may be asked to assist. Name of Parent/Youth willing to assist: _____ Are you willing to help with: <input type="checkbox"/> Coaching <input type="checkbox"/> Convenor <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Umpire <input type="checkbox"/> Serve on Committee _____ Any additional information: availability, previous experience, skills etc. <input type="checkbox"/> Are you a youth who is interested in assisting with one of our younger divisions to earn volunteer hours? (Ages 13-17)			
CONTACT INFORMATION Mailing Address/Street _____ Mailing Apt. # / RR # _____ City _____ Province _____ Postal code _____ Father's Name _____ <small style="margin-left: 20px;">First Name Last Name</small> Telephone Home _____ Cell _____ Email _____ <small>PLEASE PRINT CLEARLY</small> Mother's Name _____ <small style="margin-left: 20px;">First Name Last Name</small> Telephone Home _____ Cell _____ Email _____ <small>PLEASE PRINT CLEARLY</small> Guardian _____ <small>Other than parent</small> <small>Dr. / Mr. / Ms. / Mrs.</small> First Name _____ Last Name _____ Telephone Home _____ Cell _____ Emergency Contact _____ <small style="margin-left: 20px;">First Name Last Name</small> Relationship to player _____ <small>Other than parent</small> Telephone Home _____ Cell _____ Medical Information Coach should know: (Allergies, physical limitations etc.) _____			
CONSENT & WAIVER The information provided on this form will be protected by the Association, as governed by the "Personal Information Protection and Electronic Documents Act." This information is collected by the ADGSA only to meet and maintain the highest standard of organizing and programming the sport of softball. Also by completing this form you are consenting to allow electronic exchanges and the use of team/player photograph for promotion purposes. I _____, give my permission for _____, to participate as a softball player with the Aurora Diggers Girls Softball Association. I realize that there is a possibility of risk associated with participating and hereby accept this risk and release ADGSA, and any affiliated organizations, or persons representing them from any responsibility of the injuries that may occur while participating. By providing ADGSA with your personal information on this registration form, you are giving consent to ADGSA to collect and use your personal information. I understand that I may withdraw consent to the collection, use of disclosure of my personal information at any time by contacting ADGSA.			
PRINT NAME: _____ Date _____ PARENT/GUARDIAN SIGNATURE _____			

Method: in-person online mail

chq # cash \$ Amount _____ Receipt # _____ Date Received _____ Received by: _____