



AURORA DIGGERS GIRLS SOFTBALL ASSOCIATION

2023 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	Learn to Play: T-Shirt (Children Sizes) XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20%;"></th> <th style="width: 40%;">YOUTH SIZING</th> <th style="width: 40%;">ADULT SIZING</th> </tr> </thead> <tbody> <tr> <td>U9-U13</td> <td>T-Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L</td> <td>T-Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL</td> </tr> <tr> <td>Youth or Adult sizing available</td> <td>Pants <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L</td> <td>Pants <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL</td> </tr> </tbody> </table>		YOUTH SIZING	ADULT SIZING	U9-U13	T-Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	T-Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Youth or Adult sizing available	Pants <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	Pants <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL															
	YOUTH SIZING	ADULT SIZING																							
U9-U13	T-Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	T-Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL																							
Youth or Adult sizing available	Pants <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	Pants <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL																							
CONTACT INFORMATION Mailing Address/Street _____ _____ City _____ Province _____ Postal code _____ Parent's Name _____ <small style="margin-left: 40px;">First Name Last Name</small> Telephone _____ Primary _____ Secondary/Work Email _____ Parent's Name _____ <small style="margin-left: 40px;">First Name Last Name</small> Telephone _____ Primary _____ Secondary/Work Email _____	2023 DIVISIONS & FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">Division</th> <th style="width: 15%;">2 Nights per week</th> <th style="width: 40%;">Year of Birth</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>Learn To Play I</td> <td>Tues/Wed</td> <td>2017 or 5 yrs old as of May 1st, 2023</td> <td><input type="checkbox"/> \$100</td> </tr> <tr> <td>Learn To Play II</td> <td></td> <td>2016, 2015</td> <td><input type="checkbox"/> \$100</td> </tr> <tr> <td>U9</td> <td>Tues/Thurs</td> <td>2014</td> <td><input type="checkbox"/> \$200</td> </tr> <tr> <td>U11</td> <td>Tues/Thurs</td> <td>2013 or 2012</td> <td><input type="checkbox"/> \$200</td> </tr> <tr> <td>U13</td> <td>Tues/Wed/Thurs</td> <td>2011 or 2010</td> <td><input type="checkbox"/> \$200</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">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</p> <p>TEAM MATES Every effort is made to honour Team Requests of a player in the same division, however this is not always possible. Please list only one player.</p> <p style="text-align: center;">Volunteers are the lifeblood of our organization. Note: All parents with players in the LTP program may be asked 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 <input type="checkbox"/> Are you a youth who is interested in assisting with one of our younger divisions to earn volunteer hours? (Ages 14-18) <input type="checkbox"/> Are you a youth who is interested in paid umpiring?* (Ages 14-18) <small>*All Houseleague Umpires must take a Junior umpiring course. Leave us an email to send you more information.</small></p> Name of Parent/Youth willing to assist: _____ _____ Any additional information: availability or alternate email / contact info. _____	Division	2 Nights per week	Year of Birth		Learn To Play I	Tues/Wed	2017 or 5 yrs old as of May 1st, 2023	<input type="checkbox"/> \$100	Learn To Play II		2016, 2015	<input type="checkbox"/> \$100	U9	Tues/Thurs	2014	<input type="checkbox"/> \$200	U11	Tues/Thurs	2013 or 2012	<input type="checkbox"/> \$200	U13	Tues/Wed/Thurs	2011 or 2010	<input type="checkbox"/> \$200
Division	2 Nights per week	Year of Birth																							
Learn To Play I	Tues/Wed	2017 or 5 yrs old as of May 1st, 2023	<input type="checkbox"/> \$100																						
Learn To Play II		2016, 2015	<input type="checkbox"/> \$100																						
U9	Tues/Thurs	2014	<input type="checkbox"/> \$200																						
U11	Tues/Thurs	2013 or 2012	<input type="checkbox"/> \$200																						
U13	Tues/Wed/Thurs	2011 or 2010	<input type="checkbox"/> \$200																						
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 agree to abide by the Association Constitution and Operating Rules. 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. I have read and agree to abide by the Rules, By-Laws and Regulations of the ADGSA and all its affiliated Associations. (Refer to our Association website). PRINT NAME: _____ Date _____ PARENT/GUARDIAN SIGNATURE _____																									

FOR OFFICE USE ONLY	Method: <input type="checkbox"/> in-person <input type="checkbox"/> online <input type="checkbox"/> mail
<input type="checkbox"/> chq # <input type="checkbox"/> cash \$ Amount _____	Receipt # _____ Date Received _____ Received by: _____