

2019 PLAYER REGISTRATION FORM

ALL INFORMATION MUST BE ENTERED

Terrace Minor Softball Association

PO Box 433, Terrace, BC, V8G 4B1

SOFTBALL BC # _____

Player's Name: _____

Birthdate: _____ male _____ female _____
Month/day/year check one

Carecard #: _____ # of Years Played _____ New TMSA Player? Yes No

Address: _____ Home Phone #: _____

City: _____ Postal Code: _____

Guardian(s): _____ cell # _____

Email address: _____

Guardian(s): _____ cell # _____

Email address: _____

Allergies/medical conditions? _____

JERSEY SIZE YOUTH XS S M L XL XXL

ADULT XS S M L XL XXL

PHOTO RELEASE

It is agreed that my son/daughter may have occasion to have their name and/or photo published as a result of, or indirect relation to activities publicized by the Terrace Minor Softball Association.

I hereby waive and release any and all claims whatsoever in respect to such publications.

Parent/Guardian signature Printed name Date signed

WAIVER OF RESPONSIBILITY

I, the parent/guardian of the above registered player hereby give my consent for his/her participation in any and all association or league functions and activities of the Terrace Minor Softball Association. I assume all risks including, but not limited to, his/her travel to and from functions and participation in said functions. I hereby release the Terrace Minor Softball Association, its coaches, managers, executives, sponsors, volunteers and any other persons participating in functions, from any claims or blame arising out of injury that may occur to this player. I (we) agree to abide by all rules and regulations laid down by the Terrace Minor Softball Association.

Parent/Guardian signature Printed name Date signed

T.M.S.A. use only(CIRCLE OWING) : T-BALL \$50.00 OTHER \$80.00 LATE FEE \$50.00

PAID CASH\$ _____ PAID CHEQUE # _____ CHEQUE TOTAL \$ _____

CREDIT CARD # _____ EXPIRY _____ 3 DIGIT CODE _____

payment taken by: _____ Date: _____