Academy Baseball School Ltd.

2010 Girls' Softball Registration Form for Whitby Girls Softball Association Players

Please print.

Student's Name: _____ Home Phone: _____

Home Address: _____ City: _____

Postal Code: _____ Date of birth: DD_____ MM_____ YYYY_____

Email address: _____

Parent/Guardian Name: _____ Day Phone: _____

Parent/Guardian Name: _____ Day Phone: _____

Please circle the week(s) your child is attending: Week of July 5 Week of July 12

Please circle the size of your t-shirt: Youth M Youth L Youth XL Adult S Adult M Adult L

Health & Medical Instructions (All procedures must be followed when sending medication to camp.)

1. You must send a written note with your signature stating type of medication, dosage and optimum time to administer.
2. Clearly label the medication and deliver directly to program director.

Health Card #: _____

Family Doctor: _____ Phone #: _____

Does your child have a Peanut allergy: yes ____ no ____
Are there any special medications required to take at camp? : yes ____ no ____
If yes, please specify: _____

I, understand that the Academy Baseball School Ltd. and the Whitby Girls Softball Association (WGSA) are unable to accept any application unless the applicant or her parent or legal guardian releases the Town of Whitby, the WGSA, and Academy Baseball from any and all actions, causes of action, suits and demands which the applicant and his/her parent or legal guardian have or may in the future have against such parties in respect to injuries which may be suffered by the applicant on the premises used by Academy Baseball and the WGSA, and in this regard I grant such release and waive such rights on my own behalf and on the applicant.

Signature of parent/guardian: _____

Mail to:

Stacy Novack
11 Catherine Drive
Whitby, Ontario
L1R 1K9
or
Whitby Girls Softball Association
Attn: Softball Camp
Box 545
Whitby, Ontario
L1N 5V3

*** Cheques only please – made out to:**
"Whitby Girls Softball Association" or "WGSA"