



2010 Player Registration

www.whitbygirlssoftball.com
Box 545, Whitby, Ontario L1N 5V3

Mail your registration or use our drop-box at Iroquois Park Sports Centre

Player Name _____ Birth Date _____

Parent / Guardian Name (if player is under 18 years of age) _____ Telephone _____ Town / City _____

Address _____ Postal Code _____

(Tax Receipts will be e-mailed.)

Email Address _____

2010 Registration Rates				Experience Last Year			
Learn to Play	2004 – 2005*	<input type="checkbox"/>	\$85 per player	Squirt	1998 – 1999 <input type="checkbox"/>	\$110 per player	<input type="checkbox"/> Played in WGSA
* If born before April 1, 2005				Novice	1996 – 1997 <input type="checkbox"/>	\$110 per player	<input type="checkbox"/> Played Rep
Advanced LTP	2002 – 2003	<input type="checkbox"/>	\$85 per player	Bantam	1994 – 1995 <input type="checkbox"/>	\$115 per player	<input type="checkbox"/> Played in another town
Senior Mite	2000 – 2001	<input type="checkbox"/>	\$95 per player	Midget	1986 – 1993 <input type="checkbox"/>	\$115 per player	<input type="checkbox"/> Played, but not last year
Family discount: Deduct \$10 from above fees for each additional child							<input type="checkbox"/> Never played ball (Welcome)

“Bring a Friend Discount” – Did a friend recommend that you join the WGSA?
If so, you may be eligible for a discount. Anyone who has never played ball before and is brought to WGSA by a friend **in the same division**, is eligible for a \$10 discount and, as a bonus, the WGSA friend who recommended you gets her name in a draw. If you are eligible for this discount, please write the name of your friend below. (We will ensure that you and your friend play on the same team.)

Friend's Name: _____

Are you interested in playing in our Whitby Lightning Select Program for 2010?
Please note that an additional fee of \$50 will be charged to each player making a Select team.

By submitting Health Card number _____ permission is granted to the Whitby Girls Softball Association to seek medical and/or hospital care for your daughter if and when such care is deemed necessary.

Please indicate any allergies or medical conditions: _____
In consideration of the granting of permission by the WGSA to our daughter _____ to join the said association and participate in any activity sponsored by the said association, I/we hereby understand, agree to and accept by-law 8 of said association as follows:
“The Association shall not be responsible for any damages, injury or loss of property to any member of the Association, or guest or visitor to the Association premises, regardless of the reason or nature of such damage, loss or injury; and further, every member, guest or visitor shall use the Association premises and facilities at his or her own risk. The Association shall participate in the PWSA Liability Insurance program.”

- PLEASE RETURN PAYMENT WITH APPLICATION.
- REFUND OF REGISTRATION FEE, LESS A \$20 ADMINISTRATION CHARGE, WILL BE GIVEN ONLY IF A WRITTEN REQUEST IS RECEIVED BY THE WGSA BOARD PRIOR TO APRIL 1ST, 2010.
- NO JEWELLERY MAY BE WORN DURING ANY PRACTICE OR GAME.

While we realize that friends would like to play together, balancing teams with the goal of providing competitive games must remain our first priority. Please realize that requests will only be considered after this priority has been achieved.



PARENTS – Are you willing to get involved in the Association? If so, please indicate.

COACH * ASSIST COACH * SCORING UMPIRE EXECUTIVE SPONSORSHIP

* Note that for any coaching position, Police Checks will be required. Please complete prior to start of season.

Signature of Parent/ Guardian, if under 18: _____ Date: _____

This information will be made available to the Whitby Girls Softball Association ONLY

For WGSA Use Only (INT)

Date Received: _____ By: _____ Amt Received: _____ Discount: NONE/ FAMILY / BAF If Chq, No. is _____