



2023 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 _____ Cell Phone _____

Address _____ Postal Code _____

Email Address (Please print clearly) _____ Town / City _____

Coaching and membership information will be initiated through email. By providing your email you are consenting to this contact.

2023 Registration Rates				Experience Last Year	
Learn to Play	2017 – 2018*	<input type="checkbox"/>	\$110 per player	Squirt	2010 – 2011 <input type="checkbox"/> \$170 per player
* If born before April 1, 2018				Novice	2008 – 2009 <input type="checkbox"/> \$170 per player
Advanced LTP	2015 – 2016	<input type="checkbox"/>	\$110 per player	Bantam	2006 – 2007 <input type="checkbox"/> \$180 per player
Mite	2012 – 2014	<input type="checkbox"/>	\$145 per player	Midget	1999 – 2005 <input type="checkbox"/> \$180 per player
Family discount: Deduct \$10 from above fees for each additional child					

- Played in WGSA
- Played Rep
- Played in another town
- Played, but not last year
- Never played ball (Welcome)

“Bring a Friend Program” – Did a friend recommend that you join the WGSA?
If so, please write her name below. She is in for a reward!

Friend's Name: _____

Are you interested in playing in our Whitby Lightning Select Program for 2023?
Please note that an additional fee will be charged to each player making a Select team.

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.”
 Parents and Legal Guardians for players under the age of 18 and players over the age of 18 are responsible for managing injury or medical condition occurrences while attending WGSA events.
 Accident insurance claims may be submitted through WGSA within 14 days of the date the injury or medical condition occurred.

- PLEASE RETURN PAYMENT WITH APPLICATION.
- REFUND OF REGISTRATION FEES, LESS A NON-REFUNDABLE \$20.00 ADMINISTRATION FEE, WILL BE GIVEN ONLY IF A WRITTEN REQUEST IS RECEIVED BY THE WGSA BOARD **PRIOR TO APRIL 15TH**. AFTER THIS DATE, REFUNDS WILL BE CONSIDERED ONLY IN THE EVENT OF INJURY WHICH WOULD PREVENT A PLAYER FROM PARTICIPATING. **NO REFUNDS** WILL BE GIVEN AFTER THE START OF THE SEASON.

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.

I acknowledge that I have fully reviewed and commit to the WGSA Concussion Code of Conduct
(https://www.whitbygirlssoftball.com/application/assets/filz/concussion/Concussion_Code_of_Conduct-Player_and_Parent.pdf)

➡ **PLAYER** – Would you like to help out in younger divisions (eg. Coaching or Assisting in LTP/ALTP, helping in clinics,...)

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

COACH * ASSIST COACH * SCORING UMPIRE EXECUTIVE SPONSORSHIP

*** If you plan on coaching (thank you!), please contact our Police Check Convenor, policecheck@whitbygirlssoftball.com, to determine your police check requirements. Please do so right away so that you will be prepared by the time the season begins.**

Signature of Parent/ Guardian, if under 18: _____ Date: _____
This information will be made available to the Whitby Girls Softball Association and its insurer ONLY.

For WGSA Use Only

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