



Belleville Minor Softball Registration Form

Division: _____

Player Information:

Name: _____ Phone: _____

Address: _____

City/Town: _____ Postal Code: _____

Date of Birth: _____ / _____ / _____ M/F: _____
DAY MONTH YEAR

If you play either of the following positions, please check: Pitcher: Catcher: # of Years Played: _____

FEE PAID: \$ _____ CASH CHEQUE

Parent Information:

NAME: _____ TEL: _____ EMAIL: _____

NAME: _____ TEL: _____ EMAIL: _____

If you would be interested in assisting in any of the following areas, please check:

Coach Asst. Coach Sponsorship

I consent to the participation of the child named above in Minor Sports, and release the Belleville Minor Softball Association, City of Belleville, its affiliate bodies and sponsor, from all responsibility and liability in connection with this participation.

DATE

SIGNATURE OF PARENT OR GUARDIAN

PARTICIPANT (NAME): _____ FEE PAID: \$ _____ CASH CHEQUE

DATE

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF OFFICIAL