

**PLAYER REGISTRATION FORM**  
**Cornwall Kinsmen Minor Girls Recreational Softball**  
**2018 Softball Season**

**IF PAYING BY CHEQUE -- PLEASE MAKE PAYABLE TO : KMGS**

**PLEASE NOTE : A \$35 CHARGE WILL BE APPLIED FOR ANY CHEQUES RETURNED AS NSF OR STOP-PAYMENT**

Player's name:		<b>OFFICE USE ONLY</b> Amount Paid \$ _____ Date: _____
Address:		
City:	Province:	<b>Cash or Cheque</b>
Postal Code:		Email Address :
Date of birth: <small>(mm/dd/yy)</small> __/__/__	Home #:	Years of Experience:    Previous team & level:
	Cell # :	Position 1:                      Position 2:
Division (Circle One):    Mites: \$105.00    Squirts: \$115.00    Pee Wee: \$120.00    Bantam: \$130.00    Midget: \$130.00		
Year Of birth:            13-12-11-10-09 (opt 09)    08-07-06-05 (opt 05)            05-04                      03-02                      01-00-99-98-97		

<b>PARENTS / GUARDIAN INFORMATION</b>			
Father's name :		Mother's Name :	
Home # :	Cell # :	Home # :	Cell # :
Email Address :		Email Address :	
<b>EMERGENCY CONTACT</b>			
Name:		Phone # :	

**CORNWALL KINSMEN MINOR GIRLS SOFTBALL HAS THE RIGHT TO CHANGE PLAYERS FROM TEAM TO TEAM AT ANY TIME IN ORDER TO BALANCE THE TEAMS IF NECESSARY.**

I, The undersigned registrant (if of age of majority), or parents or legal guardian of the registrant, hereby agrees to indemnify and save the harmless the Kinsmen Minor Girls Recreational Softball Association, their sponsors and the City of Cornwall from any and all claims arising out of any incident, accident or injury to the registrant while engaged in the Association, their sponsors and the City of Cornwall will not be held responsible for any such incident, accident or injury.

I, the undersigned registrant (if of age of majority), or parent or legal guardian of the registrant, hereby acknowledge that I have read, understand and agree to be bound by the 2006 Registration Policy of the Kinsmen Minor Girls Recreational Softball Association.

Without limiting the generality of the 2006 Registration Policy, I, the undersigned registrant (if of any age of majority), or parent or legal guardian of the registrant specifically acknowledge that I understand and agree to be bound by the 2006 Registration Policy clauses dealing with registration refunds.

Without limiting the generality of the 2006 Registration Policy, I, the undersigned registrant (if of age of majority), or parent or legal guardian of the registrant specifically acknowledge that I understand and agree to be bound by the 2006 Registration Policy Clauses dealing with extraordinary team replacement requests.

Some photos and information may be used in the media or on the web-site to help promote Kinsmen Girls Softball.

Parent / Guardian Name :

Parent / Guardian Name :

(Please Print)

(Signature)

.....  
 (cut along dotted line)

**OFFICIAL RECEIPT**

**CORNWALL KINSMEN MINOR GIRLS RECEPTIONAL SOFTBALL**

800 7TH Street West Box 11, Cornwall ON K6J 0A3

**NO REFUNDS AFTER May 30th, 2018**

**ALL REFUNDS ARE SUBJECT TO A \$35 ADMINISTRATION FEE**

**PLEASE NOTE : A \$35 CHARGE WILL BE APPLIED FOR ANY CHEQUES RETURNED AS NSF OR STOP-PAYMENT**

PLAYER NAME: \_\_\_\_\_ REGISTERED ON \_\_\_\_\_

FOR THE 2017 MINOR SOFTBALL SEASON. AMOUNT OF \$ \_\_\_\_\_ WAS PAID BY

CASH OR CHEQUE (no post dated cheques)

Registrar's Signature: \_\_\_\_\_

**Please Note: All players must play minimum 51% of games to be eligible to play in the tournament.**