

PLAYER REGISTRATION FORM
Cornwall Kinsmen Girls Recreational Softball
2019 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:		OFFICE USE ONLY	Amount Paid \$ _____	Date: _____
Address:				
City:	Province:	Cash or Cheque		
Postal Code:				
Date of birth: (mm/dd/yy) ___/___/___		Home #:	Years of Experience:	Previous team & level:
		Cell # :	Position 1:	Position 2:

Division Senior: Senior \$175.00 includes team jersey (20 years old to 40 years old)

Year Of birth: 1979-80-81-82-83-84 -85 -86- 87 -88-89-90-91-92-93-94-95-96-97-98-99

EMERGENCY CONTACT

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 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 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

Parent / Guardian Name :

Parent / Guardian Name :

(Please Print)

(Signature)

.....
(cut along dotted line)

OFFICIAL RECEIPT

CORNWALL KINSMEN GIRLS RECEPTIONAL SOFTBALL

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

NO REFUNDS AFTER May 30th, 2019

ALL REFUNDS ARE SUBJECT TO A \$35 ADMINISTRATION FEE

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PLAYER NAME: _____ REGISTERED ON _____

FOR THE 2019 SOFTBALL SEASON. AMOUNT OF \$ _____ WAS PAID BY

CASH / CHEQUE OR E-TRANSFER (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.