

**BATTLEFORDS MINOR SOFTBALL ASSOCIATION
P.O. Box 222, North Battleford SK S9A 2Y1**

BMSA tryouts 2018

NAME: _____ GENDER: F _____ M _____

MAILING ADDRESS: _____ POSTAL CODE: _____

PHONE: _____ D.O.B. -- D: _____ M: _____ Y: _____ HEALTH # _____

PLAYERS EMAIL ADDRESS: _____

MOTHER'S NAME: _____ PHONE: _____ EMAIL: _____
(PLEASE PRINT) CELL: _____

FATHER'S NAME: _____ PHONE: _____ EMAIL: _____
(PLEASE PRINT) CELL: _____

Medical Conditions _____

I/WE THE PARENTS/GUARDIANS OF THE ABOVE NAMED CHILD, HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES OF THE BATTLEFORDS MINOR SOFTBALL ASSOCIATION DURING TRYOUTS. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND THE TRANSPORTATION TO AND FROM THE ACTIVITIES. I/WE DO FURTHER HEREBY RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE BATTLEFORDS MINOR SOFTBALL ASSOCIATION, THE ORGANIZERS, SPONSORS, AND SUPERVISORS AND ANY AND ALL OF THEM. IN THE EVENT OF INJURY TO MY/OUR CHILD, I/WE HEREBY WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, SPONSORS AND ANY SUPERVISORS APPOINTED BY THEM. I/WE LIKEWISE RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING MY/OUR CHILD TO OR FROM ACTIVITIES.

PARENT OR GUARDIAN: _____
SIGNATURE

U12 **Position** _____

U14 **Position** _____

U16 **Position** _____

Last team played for

Tryout fee 20.00