



MOUNTAINEERS GIRLS SOFTBALL

Registration Deadline – March 31, 2011



Player: _____

Birthdate: _____ Age on April 30, 2011: _____

Mailing Address: _____

Email Address: _____

Parents: _____ Willing to Volunteer: Y / N

Home Phone: _____ Cell Phone: _____

BC Medical #: _____ Family Physician: _____

Does the player have any health/medical concerns we should be aware of? _____

If yes, please indicate: _____

Emergency Contact: _____ Phone #: _____

Medical Release:

In case of emergency, I hereby authorize _____ to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Signature of Parent/Guardian DATED: _____, 20____.

Photo Consent:

THE UNDERSIGNED hereby grants permission to the Windermere Valley Minor Baseball Association to photograph _____ in connection with his/her participation in the baseball program.

Signature of Parent/Guardian DATED: _____, 20____.

What you need to know:

- ☞ Practices start the week of April 11th – weather permitting.
- ☞ Games & Practices scheduled for Tuesdays and Thursdays.
- ☞ There will be tournament opportunities in Cranbrook and other areas.
- ☞ All players must wear cups for both practices and games.
- ☞ Players must have their own batting helmets.
- ☞ Cleats are recommended but not required (running shoes are ok, no sandals).



Fees:

Softball Registration (age 14-18)	\$75.00 _____
Softball BC Member # _____ (provide # and do not pay if you are already a member)	\$10.00 _____
Helmet – purchase through league is optional (coaches will deliver helmets at the first practice)	\$20.00 _____
Late Registration Fee (for registration after March 31st)	\$10.00 _____
<i>Please make cheque payable to 'Columbia Valley Little League'</i>	Total: _____

**Financial assistance is available to cover registration and equipment costs. Please contact one of our executive to make arrangements.

League Executive 2010

President: Jeff Armstrong 342-7105	League Information Officer: Renice Oaks 342-6253	Coaching Coordinator: Amber Coggins 342-5787
Vice President: <i>vacant</i> **	Safety Officer: Greg Geiger 342-3213	Treasurer: Diane Armstrong 342-7105
Secretary: <i>vacant</i> **	League Coordinator: <i>vacant</i> **	Umpire Coordinator: <i>vacant</i> **

**Please contact us if you would like information on the roles and responsibilities of our open executive positions.

WAIVER

PLEASE READ CAREFULLY

THIS DOCUMENT IS a WAIVER of LEGAL RIGHTS, a WAIVER of YOUR RIGHT to SUE, a RELEASE of LIABILITY and ASSUMPTION of RISK.

TO: The Executive, Coaches, Agents and/or Employees, as well as other participants and sponsoring agencies of the Windermere Valley Minor Baseball Association, Columbia Valley Little League, Mountaineers Girls Softball, the District of Invermere, the Columbia Valley Recreation Society, Canal Flats Recreation Society, the Village of Radium of Hot Springs, Edgewater Recreation Society (hereinafter called the "Releasees")

I, _____, being the parent/guardian of _____ (the "Child"), am aware that participation in the Windermere Valley Minor Baseball Program (the "Program") involves certain inherent risks, which include (but which are not limited to) incurring serious personal bodily injury from:

- (i) being struck by baseball bats;
- (ii) being struck by baseballs; and
- (iii) running collisions with other baseball players.

In consideration of the Child being permitted to take part in the Program, I hereby:

- A. Assume the risks inherent in the Child's participation in the Program; and
- B. Waive any and all claims and future claims against the Releasees arising out of any aspect of the Child's participation in the Program; and
- C. Release the Releasees from any and all liabilities for any damage, injury or expense that I or the Child may suffer, as a result of the Child's participation in the Program, due to any cause whatsoever, including negligence on the part of the Releasees; and
- D. Indemnify and hold harmless the Releasees from any and all liability for any damage, injury or expense that I or the Child may cause to any third party for any property damage and/or personal injury incurred by them, while participating in the Program.

This Agreement shall be in effect and shall be binding upon my heirs, executors, administrators, successors and assigns, in the event of my death or incapacity; and

This Agreement shall be governed by and in accordance with the laws of the Province of British Columbia.

In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Releasees to me with respect to the safety of the Program, other than what is set forth in this document.

I confirm that I have read and understood the terms of this Agreement prior to signing it and I am aware that by signing this Agreement I am waiving certain legal rights for myself and for the Child.

DATED at _____, BC, this _____ day of _____, 20_____.

Signature of Parent/Guardian

Witness Signature

Witness Print Name & Address