



Kamloops Minor Fastball Association

Come. Play. Learn.

Registration Form

PO Box 396 Station Main Kamloops, B.C. V2C 4X5

Name: _____ **Sex:** _____
Age (as of Dec 31st): _____ **Birthdate:** _____
Address: _____
Postal Code: _____ **Area/School:** _____
Home Ph. #: _____ **Cell Ph. #:** _____
E-mail: _____
Parents/Guardians Names: _____
Care Card #: _____ **Drs Name:** _____
Yrs Played: _____ **Positions Played:** _____

Parental or Guardian Consent:

I hereby give consent and approval for my child, named above, to participate in the **Kamloops Minor Fastball Association's** program. I hereby waive any responsibility on the part of any person or organization participating in the Association's program.

I also agree to assume the responsibility for returning any uniform provided to my child by the Association, clean & in useable condition, at the completion of this year's program and agree to pay the replacement cost of any uniform not returned.

In order for the **Kamloops Minor Fastball Association's** program to continue, parental support is needed. If you would be interested in helping out please place a check mark next to the position of interest.

Coach **Assistant
Coach**

Parent/Guardian Signature: _____ **Date:** _____

Are you prepared to abide by the **Kamloops Minor Fastball Association's** Constitution and League Rules as determined by the Executive. Yes No

| | |
|--------------------|--|
| Learn to Play 5-10 | |
| Squirts 11-12 | |
| Peewees 13-14 | |

| | |
|---------------|--|
| Bantams 15-16 | |
| Midgets 17-19 | |

Softball BC No. _____
(Mandatory for Squirts & Up)

Total Fee Paid: _____