



# Softball Alberta

## Zone 4



**Join the excitement and experience the Alberta Summer Games!**

### Try-Out Camp Registration Form

All Players must participate in a zone camp to be eligible for selection.

For Registration Use [Player Number]

First Name:	Last Name:	Date of Birth: (dd/mm/yyyy)
Address:	City:	Postal Code:
Email:		

2002  
2003  
2004

2017 Team Name:	Category:	Division:
2017 Provincial Attendance:	Category:	
2017 Coach Name:		Email:
2018 Team Tryout? – Name?	Category:	

Preferred Positions: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Positions Played:

Pitcher ☐ 1<sup>st</sup> Base ☐ 3<sup>rd</sup> Base ☐ Left Field ☐ Right Field ☐  
Catcher ☐ 2<sup>nd</sup> Base ☐ Short Stop ☐ Center Field ☐

Player Stats: Catch: Left ☐ Right ☐ Throw: Left ☐ Right ☐ Bat: Left ☐ Right ☐

#### Fees (Payable at time of Registration):

Type of Fee	Amount	For Registration Use	Dated Received
Try-Out Camp Fee:	<b>\$10.00</b>		
Affiliation Fee: (Applicable if not affiliated with Softball Alberta)	<b>\$10.00</b>		

I acknowledge that the sport of softball involves some risk and there is the potential to get injured while playing or participating in this camp. I am participating at my own risk and in full knowledge that there is a risk involved.

In consideration of being allowed to participate, I hereby assume all risks and release/absolve the Alberta Amateur Softball Association (Softball Alberta), the organizers and instructors from all liability or claims of any nature which may arise from my participation in this activity. I will be responsible for my own equipment and at no time hold anyone responsible for damage or theft of this equipment.

I hereby declare that in signing this document that I have read, understand and agree to the terms and conditions stated herein and that it is binding upon my executors and heirs.

Signature of Participant: \_\_\_\_\_

I acknowledge as the parent/guardian of \_\_\_\_\_ that I have read, understand and agree to the terms and conditions stated herein and allow my child to participate in this activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Note: If a player is unable to attend, but interested, please complete the registration form and email to be notified of the next camp Email to: Jeff Kelley, jfkelly@shaw.ca