



# OVERAGE PLAYER APPLICATION

Application deadline: April 1

**NOTE: Calgary Minor Softball May Revoke Overage Status At Any Time**

Prior to this applicant participating in any Calgary Minor Softball events final approval must be granted. Overage Form **MUST** be completed in full

## **OVERAGE PLAYER IS NOT ELIGIBLE FOR PROVINCIAL PLAY**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: MALE FEMALE Ht. \_\_\_\_\_ Wt. \_\_\_\_\_  
Day Month Year

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ YEARS PLAYED: \_\_\_\_\_

DISTRICT LAST PLAYED FOR: \_\_\_\_\_ POSITION(S): \_\_\_\_\_

TEAM & PREVIOUS COACH: \_\_\_\_\_

AGE DIVISION DESIRED: U9 U11 U13 U15 U17 U19

TEAM DESIRED: \_\_\_\_\_ COACH DESIRED: \_\_\_\_\_

1. PARENTS NAME : \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2. DISTRICT PRESIDENT: \_\_\_\_\_

PRESIDENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REASONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CALGARY MINOR SOFTBALL USE ONLY**

APPROVAL: YES NO REASONS: SIZE NUMBERS ABILITY OTHER

COMMENTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please contact [fastpitch@calgaryminorssoftball.com](mailto:fastpitch@calgaryminorssoftball.com) with any questions. Email fully completed form to [fastpitch@calgaryminorssoftball.com](mailto:fastpitch@calgaryminorssoftball.com)