



For office use only: Paid ___ CASH ___ CHQ ___, Other ___
 Remarks: _____

MEDICINE HAT MINOR SOFTBALL ASSOCIATION REGISTRATION FORM

Please Print Clearly

****Requests will not be a guarantee****

Player name: _____ Gender Identity: _____
 Date of Birth (day/mon/year): ___/___/___ How many years played? _____
 School: _____
 Home Address: _____
 City: _____ Postal Code: _____
 Parent Email: _____
 Mother's name: _____ Mother's cell: _____
 Father's name: _____ Father's cell: _____

****Boy's Fastpitch League U8-Highschool – U4 & U6 will remain Co-ed**

| Select √ | Division | Birth Year(s) | Dates Playing | Fee | Volunteer Commitment Fee | Shirt Size |
|-------------|----------------------|---------------|------------------|----------|-----------------------------|------------|
| | U4 – Blastball Co-ed | 2015* | Monday | \$65.00 | N/A | |
| | U6 - T-Ball U6 Co-ed | 2013, 2014 | Tues/Thurs | \$110.00 | \$75.00 | |
| | U8 - Parent Pitch | 2011, 2012 | Mon/Wed | \$110.00 | \$75.00 | |
| | U10 - Mites | 2009, 2010 | Mon/Wed | \$110.00 | \$75.00 | |
| | U12 - Squirts | 2007, 2008 | Tues/Thurs | \$130.00 | \$75.00 | |
| | U15 - Peewee | 05/06/04 | Tues/Thurs | \$130.00 | \$75.00 | |
| | U19 - High School | 2000** | Mon/Wed | \$130.00 | \$75.00 | |

*Must be 3 years old on or before April 30th, 2019 and not be 5 years old on or before April 30th, 2019.
 Team Submission Option U4 ONLY - May submit up to 5 players, must have a coach in order to guarantee a team grouping, all forms and payment must be bundled together. Dropped in person or Sports Connection.

****Players must be under the age category by January 1st, 2019.**

Registrations AFTER April , 1st, 2019 are subjected to a \$50 late fee.

Last day to register April 12, 2019

For U10-U19 only – Interested in playing Provincial Ball? Yes ___ No ___

WE NEED YOU TO VOLUNTEER!!!

Your child's softball experience and the success of the divisions depends on you!

Name: _____ Phone: _____
 Coach/Co-Coach ___ Volunteer ___

**Should we not have enough volunteer coaches for the number of teams we have,
 we will ask the parents to volunteer**

VOLUNTEER COMMITMENT: Has the form been filled out with an undated \$75 cheque per child? YES ___ If not registration will NOT be accepted.

For more information visit www.medhatminorsoftball.ab.ca or medhatsoftball.rampregistrations.com for online registration



REFUNDS: Prior to April 14, a \$25 per player administration fee will be deducted from any refunds. After April 14th, NO refunds will be given, except on approval by the league executive.

RELEASE FORM

I/We, the parents/guardian of _____ hereby give my/our permission for my/our child to participate in any and all Medicine Hat Minor Softball Association activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Medicine Hat Minor Softball Association, the organizers, sponsors, coaches, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of injury to my/our child. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

Parents Signature _____ Date _____

PRIVACY POLICY

By providing MHMSA with your information on this Registration and Information Form, and signing below, you are consenting to the use of your (athletes) name and/or photo/video for use in Medicine Hat Minor Softball promotional activities such as posters, website, media, etc. Information collected by MHMSA may use for insurance and membership proof with MHMSA. Please sign below if you agree to allow Medicine Hat Minor Softball to be able to use your name, photo/video for public promotion as well as insurance and membership purposes.

Athlete _____ Parent/Guardian _____
(Signature) (Signature)

ABUSE AND HARASSMENT POLICY

Medicine Hat Minor Softball has policies in place that forbid the abuse and harassment of any player, coach or umpire affiliated with the Association. Abuse will NOT be tolerated!

Please read the following summary of the Association’s policies on abuse and harassment and sign the bottom acknowledging that you have read, and will abide by, the policies of the Medicine Hat Minor Softball Association.

Players

Players shall be respectful of all other players, coaches and umpires. Players will always play in the spirit of good sportsmanship. If a player verbally abuses an umpire they will be ejected from the ballpark. If the player refuses to leave the park his team shall forfeit the game.

Coaches

Coaches shall be respectful of all players, other coaches and umpires. If a coach verbally abuses an umpire, they will be ejected from the ballpark. If the coach refuses to leave the park his team shall forfeit the game. If a coach has a problem with a call made during the game, the only acceptable procedure will be to call time, approach the umpire and, in a normal voice, ask the umpire to explain his/her reason for the call. In all instances, after discussion with the umpire, the call decided upon at that time will be final and no other action shall take place.

Parents

Parents shall be respectful of all players, coaches and umpires. If a parent verbally abuses an umpire they will be ejected from the ballpark. If a parent has a problem with an umpire’s call, the only acceptable procedure will be for the parent to approach the coach and make their objections known. Parents directly approaching the umpire, during or after the game is not allowed.

I, being a player, coach or parent of a child registered in Medicine Hat Minor Softball Association have read and agree to follow the policies of the Association regarding abuse and harassment.

PLAYER’S NAME (PLEASE PRINT)

PARENT’S NAME (PLEASE PRINT)

SIGNATURE

SIGNATURE

MEDICINE HAT MINOR SOFTBALL ASSOCIATION VOLUNTEER COMMITMENT POLICY

Volunteers are critical in keeping our association fees reasonable and affordable. It is important that all families be involved with the many aspects of volunteering that our association needs. Each family must sign up to contribute to a (1) Volunteer commitment, per child. They must also write **one undated cheques for \$75.00**, payable to the *Medicine Hat Minor Softball Association*. This cheque will not be cashed if you work your scheduled volunteer commitment. However, if you do not contribute to one of the many volunteer opportunities season long, or find a replacement worker; your cheque will be cashed.

It is your responsibility to find the replacement worker, NOT the coach, division director or executive member. You MUST sign in on the Volunteer Commitment Sheet at the event in which you volunteer to have your commitment documented. Without signing in, your cheque will be cashed.

Options for volunteer commitments:

| | |
|---|---|
| <input type="checkbox"/> Diamond Clean up | <input type="checkbox"/> Division Tournament |
| <input type="checkbox"/> Assessments April 14 | <input type="checkbox"/> Wind up Planning |
| <input type="checkbox"/> Diamond Upgrades | <input type="checkbox"/> 2019 Softball Alberta Provincials July 12-14 |
| <input type="checkbox"/> Team Manager | |

Medicine Hat Minor Softball wouldn't exist without our terrific volunteers. OUR COACHES, ASSISTANT COACHES AND EXECUTIVE MEMBERS ARE EXEMPT FROM THE VOLUNTEER COMMITMENT POLICY. THEY 100% PLUS FULLFILL THEIR VOLUNTEER COMMITMENT!!

Do you wish to volunteer as a Coach/CoCoach or Executive Member?

No Yes If Yes, NAME & What would you like to do: _____

PRINT CLEARLY:

Name: _____

Players Name: _____

Phone #: _____ **Division:** _____

E-Mail : _____

Volunteer Commitment Preferred: _____

I have read the above Volunteer policy and understand it. I agree to complete a MHMSA volunteer commitment, SIGN IN at that commitment and understand that if I do not, my undated \$75.00 cheque will be cashed.

Signature

Date
