

ASSOCIATE MEMBER AND INSURANCE FORM

Team Membership including Insurance –. *Appropriate registration forms must be completed by teams that intend on participating in Canadian Championships, Eastern Canadians, Regional or Provincial Championships. To activate Associated Membership and coverage, please forward payment (Cheque or Money Order) and form to:*

Softball Nova Scotia. 5516 Spring Garden road, 4th Floor, Halifax, Nova Scotia, B3J 1G6

Fax: 902 425 5606

Note: *Insurance Policy Period - 365 days (March 10 – March 10). - Please report any accidents within 30 days to Softball Nova Scotia.*

Membership Fees – Adults \$10.00 per player - including coaches & managers

NOTE: PLEASE PRINT CLEARLY

NAME OF TEAM _____ MALE FEMALE Co Ed

CONTACT PERSON _____ TELEPHONE (HOME) _____ (WORK) _____

MAILING ADDRESS _____ POSTAL CODE _____

Name of Association, President's address and phone number: _____

FAX: _____ EMAIL: _____

Legible Please

Minor Fast Pitch Slo-Pitch Orthodox Date _____

	PLAYER'S NAME	YEAR OF BIRTH	GENDER	TEAM/CLUB	EMAIL ADDRESS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

	COACHES NAME	YEAR OF BIRTH	GENDER	TEAM/CLUB	EMAIL ADDRESS

Coach or Manager Signature _____

Coach or Manager Signature _____

Coach or Manager Signature _____

Coach or Manager Signature _____

WARNING: I certify that I am an Amateur according to the rules of Softball Canada and hereby agree to abide by the Rules and Regulations of said Association. Any person's name appearing on this form may also be signed onto Softball Canada Team Registration Certificate. I hereby, for myself, my heirs, executors, administrators and sponsors, waive and release any and all rights claims that I may have or that might arise, against the Provincial Association, its affiliated associations, sponsors, agents, or representatives for any/all injuries or losses suffered by me while competing in or in connection with the programs of said Association.

FOR OFFICE USE ONLY

_____ Region

_____ Form Received

_____ Paid