**CanPitch Registration Form**

I, the undersigned parent or guardian of ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.*\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

First Name        Middle Name            Surname                                   Day - Month  - Year

***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P.C.\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent’s Name::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_-\_\_\_\_\_\_***

***Association & Team Played with last season***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

hereby give consent for my minor aged child to participate in and to be photographed or videotaped (*as needed)* for instructional and promotional purposes only.  Softball PEI pitching clinics will be conducted by either our Master Pitching Instructor (MPI), or one of our Regional Pitching Instructors (RPI)

 ***Parent’s Name                                                                                     Address***

**Signed this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201****6**

**AMOUNT RECEIVED   $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cash\_\_\_\_\_Cheque\_\_\_\_\_\_**

**Please make cheques payable to Softball PEI**