

SPRINGFIELD MINOR SOFTBALL GENERAL SKILLS CLINIC REGISTRATION



Family Information

Guardian(s):	Cell:
Address:	
Home Phone:	Email:

Player Information

Last Name:	First Name:
Birth Date:	Previous clinics attended (years):
Medical Concerns:	MB Health PIN#:

I hereby agree that the Springfield Minor Softball Association and the Oakbank & District Community Club Inc., its members or officers, shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind whether sponsored by or under the supervision of the Springfield Minor Softball Association. I agree to indemnify and hold harmless the Springfield Minor Softball Association and the Oakbank & District Community Club Inc., its members, officers or designates of any kind of claim whatsoever.

Parent/Guardian (Please Print)

Parent/Guardian Signature

Date