

SPRINGFIELD MINOR SOFTBALL PITCHING / CATCHING CLINIC REGISTRATION



PLEASE SELECT:

- PITCHING CLINIC
- CATCHING CLINIC

Family Information

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

Player #1 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

Registration Fees

PARTICIPANT	AGE	FEE	TOTAL	CASH	CHEQUE #
		\$75.00			
TOTAL (Payable to Springfield Minor Softball Association)				Verified:	

SMSA NOTES: