



**PLAYER REGISTRATION / MEMBERSHIP APPLICATION**

**Player's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ street \_\_\_\_\_ town \_\_\_\_\_ postal \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  proof [ \_\_\_\_\_ ]

**BOY:** \_\_\_\_\_ **GIRL:** \_\_\_\_\_ **T-Shirt Size:** Youth S \_\_\_ M \_\_\_ L \_\_\_ **Adult:** S \_\_\_ M \_\_\_ L \_\_\_

**Health Concerns:** (list any allergy or health condition a coach should be aware of, indicate NONE if applicable):

**Father/Guardian:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Address:** same as above [ ] or \_\_\_\_\_

**Telephone:** Residence ( \_\_\_\_\_ ) \_\_\_\_\_ **Business** ( \_\_\_\_\_ ) \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Address:** same as above [ ] or \_\_\_\_\_

**Telephone:** Residence ( \_\_\_\_\_ ) \_\_\_\_\_ **Business** ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Willing to assist as:** **COACH** \_\_\_\_\_ **ASST.COACH** \_\_\_\_\_ **UMPIRE** \_\_\_\_\_ **DIAMOND LINERS** \_\_\_\_\_

*PLAYERS SIGNING AN O.A.S.A. OR P.W.S.A. REP TEAM CARD, OR PLAYING HOUSE LEAGUE SELECT WILL PAY AN ADDITIONAL FEE.* **TRYOUT REQUESTED: REP** ( \_\_\_\_\_ ) **SELECT** ( \_\_\_\_\_ )

**DIVISION LAST YEAR:** \_\_\_\_\_ **TEAM OR COACH LAST YEAR:** \_\_\_\_\_

**REGISTRATION FEE:** \$ \_\_\_\_\_ **CASH** ( ) **CHQ** ( ) **PAID IN FULL** ( ) **POSTDATED** ( )

**PARENTAL CONSENT:**

1. I acknowledge that I have read and understand the Membership Application and Agreement to be entered into by my child, with the WHITCHURCH-STOUFFVILLE SOFTBALL ASSOCIATION (WSSA).
2. I agree that my child may become a Registered Player Member of the WSSA on the terms and conditions set out in those documents, and I agree to co-sign such application and other documents which may be required, acknowledging that in so doing my child and I, my spouse or any other person who may act as a personal representative of my child is also signing a Release and Waiver against the WSSA.
3. I also acknowledge that if my child is required to attend any committee meeting or tribunal because of any damages which my child may have caused, or for any matter of discipline, I am agreeing to attend with my child, and in the event I do not attend, my child's membership may be terminated forthwith.
4. I further acknowledge that in co-signing the application for membership and agreement, I am applying for registration as an Associate Member of the WSSA, which class of member carries and holds a voting right on behalf of my child, and that on the Corporation accepting my child as a Registered Player Member, concurrently I will be accepted as an Associate Member of the Corporation.
5. I acknowledge full opportunity to review and peruse the By-Laws and Regulations of the WSSA and agree to follow same, as does the Corporation, the WHITCHURCH-STOUFFVILLE SOFTBALL ASSOCIATION (WSSA). I also state that the information on this application is true to my best knowledge and belief.

I, the undersigned, hereby agree to indemnify and save harmless the WHITCHURCH-STOUFFVILLE SOFTBALL ASSOCIATION (WSSA), its officers, instructors, coaches and volunteers from and against all claims, demands, losses, costs, damages, acting suits or proceedings arising from the participation in softball.

**Signature of Parent/Guardian:** \_\_\_\_\_

Signed for W.S.S.A. by: \_\_\_\_\_

**MAKE CHEQUES PAYABLE TO**  
**W.S.S.A.**