



DUNDAS GIRL'S SOFTBALL LEAGUE

P.O. Box 65516 Dundas, ON L9H 6Y6

info@dgsll.ca www.dgsll.ca

Registration
for 2_____

PLAYER: First Name: _____ Last Name: _____

Address: _____ City/Town _____

Postal Code: _____ Phone #: _____

Email: _____

Date of Birth: Month _____ Day _____ Year _____

Parent/Guardian: _____

Phone# H / W / C _____ Email: _____

Parent/Guardian: _____

Phone# H / W / C _____ Email: _____

HEALTH CONCERNS:

Contact In Case Of Emergency: Name _____ Phone #: _____

Amount

DGSL USE ONLY

Registration (Includes Team Shirt & Hat _____
or Socks - depending on level of play)

Division _____

Cash Amount _____

Cheque Amount _____

Cheque # _____

Prepared By _____

No Refunds After April 30th

Late Fee may be applicable

Insufficient Funds \$20.00 Charge

No Jewelry Allowed with the exception of Medical Alert! All Jewelry is to be **REMOVED** before the start of any game. Failure to do so may result in ejection from the game.

I do_____/ do not_____ allow the DGSL to use photographs for promotional purposes.

If a health concern or physical limitation exists prior to or during any part of the DGSL season, a statement signed by the parent/guardian or player of legal age (18) stating all physical concerns that may inhibit full participation in T-Ball/Softball, must be submitted to the Executive. The Executive must be notified of any changes in the players health, or physical condition throughout the season. The Executive shall further determine whether health, or physical conditions that compromise the safety, or well being of the player or her peers require that restrictions are placed upon the situation and/or the player(s). The Executive may request a Doctor's Certificate and/or a Waiver of Liability in such cases.

I hereby release the DGSL from all claims arising from participation of the applicant during any or in location where a league function is held. By signing this form, I accept all rules as set out in the DGSL Constitution and any game rules of the DGSL or the Ontario Softball Association or the Flamborough Minor Softball Association.

CONSENT TO USE NAMES/ADDRESS

PARENT/GUARDIAN/PLAYER SIGNATURE

DATE