



# Dorchester Girls Fastball Registration Form



## Player Information

Player's Name: \_\_\_\_\_ Date of Birth: (yyyy-mm-dd) \_\_\_\_\_

Address: \_\_\_\_\_

Parent(Guardian) Name: \_\_\_\_\_ Home No. \_\_\_\_\_

Email: \_\_\_\_\_ Cell No. \_\_\_\_\_

Parent(Guardian) Name: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Please note emails will be included for league correspondence*

## Program Selection

Mites(7-9)  Squirts(10-12)  Novice(13-14)  Bantam(15-16)  Midget(17-19)  Junior(20-22)

## Waiver and Release Signoff

By checking the box below, I am consenting to the associated policies of the Dorchester District Athletic Association (DDAA)

<input type="checkbox"/>	I release and allow the use of all photos in connection with Dorchester Girls Fastball League and associated leagues
<input type="checkbox"/>	I allow Dorchester Girls Fastball, including its representatives, to collect and use my personal information as specified under the terms of the agreement.
<input type="checkbox"/>	I agree to adhere to the Parent Code of Conduct.
<input type="checkbox"/>	I agree to adhere to the Player Code of Conduct.
<input type="checkbox"/>	I agree to adhere to the policy on Drugs and Alcohol.
<input type="checkbox"/>	I hereby agree to abide by the rules, regulations and by-laws of the Dorchester and District Athletic Association.
<input type="checkbox"/>	I also acknowledge that the DDAA is not responsible for any injuries or accidents, either prior, during or following games or practices, nor for any damage or loss of personal belongings, however caused, and the DDAA shall be released from any and all such claims.
<input type="checkbox"/>	I acknowledge and understand the risks involved to my child as a participant in this activity.
<input type="checkbox"/>	I hereby declare that the above information is true to the best of my knowledge and belief, and give permission for the above named child to participate in the program

Policies can be found at: [www.dorchestergirlsfastball.com](http://www.dorchestergirlsfastball.com)

## Coaching Application and/or Association Sponsor

I would be willing to help in the following capacity:

Coach  Assistant Coach  Team Manager  Association Sponsor

Name of Applicant/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent(s) / Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge a minimum of one bond position is required **per player**. I further acknowledge that if a bond position is not worked or a minimum of 4 hours volunteer time is not made, my good faith bond **will be cashed**.

***The information that you supply on this form will be used only for the purposes for which it is being collected\*\****

## For Internal Use Only

Registration Fee	Cheque No. : _____	Amount: _____
Good Faith Bond	Cheque No. : _____	Amount: _____
Uniform Order	Cheque No. _____	Amount: _____
Fees Received By:	_____	