



Ayr Minor Softball

2015 REGISTRATION FORM

For pdf version
visit ayrjrvics.com

Mail to AMSA P.O. Box 1133, Ayr, ON N0B 1E0 or In person registration at the North Dumfries Community Complex Lobby

REGISTRATION DATES: Friday, Feb. 6 6pm to 9pm Saturday, Feb. 7 11am to 2pm Saturday, Feb. 28 9am to 1pm Saturday, Mar. 7 11am to 2pm

Cheques should be made payable to **Ayr Minor Softball Association** (or **AMSA**). Tax receipts will be e-mailed by September 1st.

SPRING TRAINING: Saturday, April 5, 19, 26 Trimite @ 9am, U10-U12 @ 10am, U14(15)-U16(17) @ 11am

Local League Season: May 6 - July 30 ending with a BBQ on July 30

Select Team Season: May 6 - TBD

Birth Year	Division	Local League Games	Local League Practices	Select Game Dates TBA
2009, 2010, 2011	Learn to Play	Thursday 6:00-7:00 pm		Helmets <u>only</u> are required
2007, 2008, 2009	Trimite	Thursday 6:30-8:00 pm	Practice Saturday AM	for LTP and Trimite
2005, 2006, 2007	U10	Tuesday 6:30-8:15 pm	Practice Saturday AM	<u>Batting helmets with cage</u>
2003 & 2004	U12	Wednesday 6:30-8:30 pm	Practice Saturday AM	will be required for all
2000, 2001, 2002	U14(15)	Monday 6:30-8:30 pm	Practice TBD	players U10 and up
1998, 1999, 2000	U16(17)	Rep Teams - Games are Tuesday and Friday, Practices TBD		

Birth							
Year	Month	Day	Sex	Last Name	First Name		

Street address _____ City _____ Postal code _____

Early Bird Fee By March 7 _____ Regular Fee After March 7 _____

Learn To Play (T-Ball) - Focuses on fun & early skill development. **\$40** **\$50**

Local League Only - 1 game/week & Saturday AM practice, Trimite plays in Ayr, other divisions play Ayr, Paris, etc.. **\$80** **\$100**

Local League + Select - Local League plus travel games, 1-3 games/week with 1-2 practices. Evaluations in Mar/Apr. If not selected for Select team, will play in local league & portion of fees refunded. **\$120** **\$140**

U16(17) Rep - 2 games/week, 1-2 practices/week. **\$140** **\$160**

Comments (ie. Special needs) _____

Interested in Sponsoring a Team? Business Name _____ Contact _____
E-mail _____ Phone _____

AMSA USE ONLY Includes registration payment for: _____ Amount paid _____ Cash Chq Cheque # _____

CONTACT INFORMATION			INTERESTED IN							
Parent / Guardian / Player Name	E-mail (will be contacted at each e-mail listed)	Phone Number	Cell	Home	Work	Coach	Assistant	Help	Ump	Volunteer hours
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL INFORMATION

* Any medical condition or injury problem should be checked by your physician before participating in a softball program

If yes, please specify, OR provide details of anything not covered _____

Yes Allergies Asthma Glasses / Contacts Fainting Concussion Other

No Allergies Asthma Glasses / Contacts Fainting Concussion Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address) _____ Relationship _____ Phone Number _____

Cell Home Work

PERMISSION & PRIVACY INFORMATION

By signing below, the parent / guardian of the player:

1. Understands that it is their responsibility to keep the team management advised of any change in the above medical information.
2. Permits AMSA and its representatives because of an accident / injury to administer first aid and/or medical attention at its discretion.
3. Holds harmless the organization and its directors, officers, and coaches from any liability for any reason, how so ever caused.
4. Agrees to follow the rules of AMSA as applied to players and parents conduct at all games and practices.
5. AMSA agrees not to release any personal or private information to any third party other than for league and tournament play.

Parent / Guardian Signature _____ Date _____ MM/DD/YY