



South Cowichan Youth Softball Registration Form

DIVISION

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Intro
Born 2012 - 2014
11 Weeks \$65
\$75 after March 22 | <input type="checkbox"/> Junior
Born 2010 - 2011
11 Weeks \$65
\$75 after March 22 | <input type="checkbox"/> Intermediate
Born 2008 - 2009
11 Weeks \$65
\$75 after March 22 | <input type="checkbox"/> Senior
Born 2005 - 2007
11 Weeks \$65
\$75 after March 22 | <input type="checkbox"/> Major
Born 200 - 2004
11 Weeks \$65
\$75 after March 22 |
|---|--|--|--|--|

Due to uniform orders and roster setting, no changes can be made to player divisions after April 1, 2018.

PLAYER INFORMATION

PLAYER'S NAME: _____ Played previously → number of years _____

DATE OF BIRTH: _____ **Gender:** _____ Played in this league

(dd / mm / yyyy) Pitcher

SHIRT SIZE: Youth S Youth M Youth L Youth XL Youth XXL

Adult S Adult M Adult L Adult XL Adult XXL

Team shirts must be worn to all games or child cannot play. **INITIAL:** _____

PARENT/GUARDIAN INFORMATION

League correspondence will be delivered to the email that is on file for the account holder that completes the registration. To confirm which email address is receiving these emails please ask staff at Kerry Park Recreation Centre or Shawnigan Lake Community Centre to review account details with you.

PARENT/GUARDIAN: _____	PARENT/GUARDIAN: _____
Address: _____	Address: _____
City: _____	City: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

EMERGENCY CONTACT

Please list someone other than parent(s)/guardian(s).

NAME: _____	Home Phone: _____
Relationship to player: _____	Cell Phone: _____

HEALTH

Does your child have any health conditions that we should be aware of?

SPECIAL CONSIDERATIONS OR REQUESTS

What special considerations should we be aware of to better meet your child's needs? **Team requests may be granted where possible.**

EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to Kerry Park Recreation Administration or instructor/leader; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF AN ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in CVRD promotional material.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CONSENT

I, the parent/guardian of _____, consent to my child participating in South Cowichan Youth Softball with the understanding that my child will be participating in activities that may be high risk in nature, including the risk of physical injury, illness, loss of life, and property damage and may involve physical contact, contact with physical structures, or may require a higher level of athleticism, skill and knowledge.

I, the undersigned, have read and fully understand the above Informed Consent Waiver.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

COACHING

If you are a parent/guardian interested in coaching a team, please complete application below.

NAME: _____

Date of Birth: _____

Address: _____

City: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Preferred Coaching Assignment:

Coach - *please note shirt size:* _____

Assistant Coach - *please note shirt size:* _____

Umpire Division Rep

General Help Championship Day Picnic

Intro Junior

Intermediate Senior

Do you have current First Aid? No Yes - level: _____

Coaching/Playing Experience: _____

Additional Comments: _____

All volunteer coaches are required to complete a current Criminal Record Check and fill out a CVRD Release of Liability Form.

SIGNATURE OF VOLUNTEER: _____ DATE: _____



South Cowichan Youth Softball Fair Play Code of Conduct

FOR ATHLETES

- I will play by the rules and in the spirit of the game.
 - I will respect my opponents.
 - I will do my best to be a true team player.
 - I will remember that winning isn't everything; that having fun, improving skills, making friends and doing my best are as important.
 - I will acknowledge all good plays and performances - those of my team and of my opponents.
 - I will control my behaviour; I understand that fighting and "put downs" only spoil the fun for everyone.
 - I will help provide an environment for my team that is free of drugs, tobacco, and alcohol.
 - I will participate because I want to, not just because my parents or coaches want me to.
 - I will remember that coaches and officials are there to help me and will accept and respect their decisions.
- I agree to play fair.

Print Name: _____

Signature: _____

Parent may sign for child if child is unavailable at time of registration.

FOR PARENTS

- I will remember that my child plays sport for his or her enjoyment, not for mine.
 - I will encourage my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
 - I will teach my child that doing one's best is as important as winning, so that my child will never feel defeated by the outcome of a game/event.
 - I will make my child feel like a winner every time by offering praise for competing fairly and trying hard.
 - I will never ridicule or yell at my child for making a mistake or losing a competition.
 - I will remember that children learn best by example. I will applaud good plays and performances by both my child's team and their opponents.
 - I will not force my child to participate in sports.
 - I will never question the official's judgment or honesty in public.
 - I will help provide an environment for my team that is free of drugs, tobacco, and alcohol.
 - I will support all efforts to remove verbal and physical abuse from children's sporting activities.
 - I will respect and show appreciation for the volunteer coaches who give their time to provide sport activities for my child, understanding that I have a responsibility to be a part of my child's development.
 - I promise to help my child enjoy their sport by doing whatever I can to help the program.
- I agree to play fair.

Print Name: _____

Signature: _____