



S.M.A.A. SPORTS

20____ REGISTRATION FORM

WEBSITE: www.sarniaminorathletic.com



CIRCLE SPORT:

BASEBALL BOWLING BOX LACROSSE FOOTBALL GIRLS' FASTBALL GOLF INLINE HOCKEY

MAIL IN REGISTRATION with cheque or money order:

Sarnia Minor Athletic Association, 900 Germain Street, P.O. Box 524, Sarnia ON, N7T 7J4

Full Name of Player: _____
Last First M.I.

Name of Parent: _____
Last First M.I.

Address: _____
Street Address Unit/Apartment #

City & Province Postal Code

Home Phone: _____ Cell/Other Phone: _____ Email: _____

Birth Date: _____ Age: _____ Birth Certificate Received: Yes No Health Card # Received: Yes No

Amount Paid: \$ _____ Cheque Cash Post Dated Cheque Date Paid: _____

Print Cashier Name: _____ Cashier Signature: _____

Division: _____ Clothing Size: _____ Height: _____' _____" Weight: _____

Previous Position Played: _____ Years of Experience: _____

***** PLEASE INFORM COACHES OF ANY HEALTH CONCERNS *****

PICTURES

I/we, the undersigned, hereby consent to the use photographs or of any audio/visual reproduction in which the above named child may appear. I understand that these materials may be used for promotional purposes which may include, but are not limited to website promotions and electronic multi-media. I agree that the image/photograph shall be free for use and release by the Sarnia Minor Athletic Association, its volunteers and agents and free from any liability connected with the use of said image/photograph.

Parent Signature: _____ Date: _____

VOLUNTEERS

If you are interested in volunteering please fill out the following:

Name: _____ Phone: _____

Position of Interest: Team Coach Assistant Coach Convenor Concessions Other _____

Parents Agreement:

When your son/daughter has been placed on a team, the other players will expect him/her to live up to his/her responsibilities as a good team member. If you feel that he/she can meet these requirements, please fill out the following:

I hereby declare that I am willing to allow my son or daughter to voluntarily participate/play _____ and agree to accept any risks/hazards and be responsible for any injury/loss which might result as a participant in Sarnia Minor Athletic Association activities, events and programs. I will not hold the Sarnia Minor Athletic Association, its agents, executive, volunteers, employees or sponsors, responsible for any injuries incurred by my son or daughter as a member of the Sarnia Minor Athletic Association. All equipment issued is the property of the Sarnia Minor Athletic Association and must be returned at the end of the playing season.

Dated

Signature of Parent

Players Agreement:

I agree to abide by all rules as laid down by the Sarnia Minor Athletic Association and by its Provincial Affiliates. I further agree to obey those in charge of my team, to respect all officials, to refrain from using profanity, to respect all public property and to conduct myself as an Athlete and a Lady/Gentleman at all times. I agree to accept the responsibilities of being a good team member, understanding that this means turning out to all games/practices scheduled for my team (or to inform my coach/manager beforehand when unable to attend).

Signature of Player