



Regina Lazers 2010
Softball Registration
<http://www.lazers.ca/reg/>

Mail to:
Lazers Registrar
3244 Faul Bay
Regina, SK S4V 2W9
Due: 1st March 2010

Player Information	
1 st time Lazer Player?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please provide copy of hospitalization or birth certificate
Last Name: _____	First Name: _____
Address: _____	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
City: _____	Postal Code: _____
Main Phone#: _____	Main email: _____
Date of Birth: _____ <small>Day/Month/Year</small>	Health Card# _____ School: _____

Parent/Guardian#1 – Primary Residence(if player is under 18)	
Last Name: _____	First Name: _____
Relation to Player _____	Email: _____
Work Phone: _____	Cell Phone: _____
Parent/Guardian#2 – Primary Residence	
Last Name: _____	First Name: _____
Relation to Player _____	Email: _____
Work Phone: _____	Cell Phone: _____

Parent/Guardian – Secondary Residence(if applicable)	
Contact Info: _____	Relation to Player: _____

Consent and Waiver	
I consent to the participation of the player named above in the sport of softball. I agree and understand that there is an inherent risk associated with the game and practice of said sport. I hereby further agree to release and save harmless the coaches, players, and officials of Lazers for any injury or loss sustained by the player while participating in the sport of softball, whether such injury or loss should occur during a game or practice, or transport to or from such game or practice.	
Print name: _____	(of person signing)
Signature: _____	Date: _____
<small>Parent/Legal Guardian(if player is under 18)</small>	<small>Day/Month/Year</small>

Highest Level Of Competition desired (Squirt through Bantam Divisions only)		
Very Competitive(A) <input type="checkbox"/>	Relatively Competitive(B) <input type="checkbox"/>	Recreational (C) <input type="checkbox"/>

Friend with whom you'd like to be placed: _____
LEARN TO PLAY ONLY: Name of one friend with whom you would like to be placed. Player requests must be reciprocal to be considered.

Volunteering

Coaching

Coaches Name: _____ **Certification Level:** _____

Which divisions? _____

NOTE: Coaches must submit an annual criminal record check. No Coaching certification is required for LTP.

Other volunteering:

If you would like to contribute some of your time to a worthy cause, please consider volunteering. We appreciate your assistance and support with the end benefactors being our children. Besides coaching, volunteers are needed to sort/distribute uniforms, help at registration tables, help at evaluations, coordinate divisions, or fill an Executive position.

Volunteer Name: _____ **Area of Interest:** _____

Fees		
Division	Fees	
Blastball (Born 2005)	\$50	<input type="checkbox"/>
Learn to Play – Beginner (Born 2004)	\$80	<input type="checkbox"/>
Learn to Play – Novice (Born 2002-2003)	\$80	<input type="checkbox"/>
Learn to Play – Mite (Born 2000-2001)	\$80	<input type="checkbox"/>
Squirt (Born 1998-1999)	\$160	<input type="checkbox"/>
PeeWee (Born 1996-1997)	\$160	<input type="checkbox"/>
Bantam (Born 1994-1995)	\$160	<input type="checkbox"/>
Midget (Born 1991-1993)	\$120	<input type="checkbox"/>

Notes on Fees

These fees cover the cost of league registration, affiliation with Softball Saskatchewan, entry fees for mandatory league tournaments, and operating costs for the Lazers zone. "A" teams and Midget teams will pay an additional fee for base umpires as a part of their team fees. Teams may vote on additional team fees to cover the cost of additional tournaments, pictures, etc. See <http://lazers.ca/info/expectations.htm> for typical team fees and equipment requirements.

Refund Policy

A full refund will be issued if a player withdraws prior to evaluations(March 5th). The registration fees less a \$20 service charge will be issued after evaluations but before team selections are finalized. No refunds will be issued once team selections are finalized except in the case of an injury that prevents participation.

Cheques – Lazers Softball

Please make cheques payable to "Lazers Softball" dated 1 March 2010 and include proof of birth date if 1st time player.

Freedom of Information Consent

Personal information provided on this form will be used for internal Lazers communication regarding the ball season, renewal notifications, and development opportunities and will be provided to the Regina Minor Softball League and Softball Saskatchewan for affiliation purposes. In order to post pictures of winning teams on the Lazers web site and/or provide player names for tournament programs we require your consent.

Print name: _____ **(of person signing)**

Signature: _____ **Date:** _____
 Parent/Legal Guardian(if player is under 18) Day/Month/Year

Administration Use Only

Fee Paid _____

Method of Payment: Cash: Cheque Cheque # _____