

# South Cowichan Youth Softball Registration Form 2024



## SEASON

Apr 12 - June 22 | 10 Weeks  
No session June 7 & 8

**T-Ball** | Early Bird Fee (until Mar 31) \$50 | Regular fee \$55  
**Intro - Major** | Early Bird Fee (until Mar 31) \$70 | Regular Fee \$80

## DIVISIONS

**T-Ball**  
Born 2018

**Intro**  
Born 2017

**Junior**  
Born 2015 - 2016

**Intermediate**  
Born 2013 - 2014

**Senior**  
Born 2010 - 2012

**Major**  
Born 2006 - 2009

*Due to uniform orders and roster setting, no changes can be made to player divisions after Apr 21, 2024.*

## PERSONAL INFORMATION

<b>Player's Name:</b>		<b>Birthdate:</b>	
<b>Address:</b>		MM / DD / YYYY	
<b>City:</b>	<b>Postal:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Email for league correspondence:</b>			
<input type="checkbox"/> Played previously - number of years _____ <input type="checkbox"/> Played in this league <input type="checkbox"/> Pitcher		<b>SHIRT SIZE:</b> <input type="checkbox"/> Youth S <input type="checkbox"/> Adult S <input type="checkbox"/> Youth M <input type="checkbox"/> Adult M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult L <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL	

<b>Parent/Guardian:</b>	<b>Parent/Guardian:</b>
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:

<b>Emergency Contact:</b>	<b>Emergency Contact Phone #:</b>
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## HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs?

## REQUESTS

**Note:** we do our best to accommodate player requests but cannot guarantee that each request is granted.

Team requests:

## 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 (parent/guardian's name) \_\_\_\_\_ consent to my child participating in the South Cowichan Youth Softball League and understand the risk associated with participation including slips, falls, or injuries and agree to indemnify and save harmless the Kerry Park Recreation Centre, the Cowichan Valley Regional District and the program instructors, arising out of the act of participating in any softball related activities provided by the Kerry Park Recreation Centre.

I, the undersigned, have read and fully understand the above liability and 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:** \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Do you have current First Aid?  
 No  Yes - level: \_\_\_\_\_  
Coaching/Playing Experience:  
\_\_\_\_\_  
\_\_\_\_\_

- Preferred Role:**
- Coach - *please note shirt size:* \_\_\_\_\_
  - Assistant Coach - *please note shirt size:* \_\_\_\_\_
  - Umpire - number of years experience: \_\_\_\_\_
    - T-Ball  Intermediate
    - Intro  Senior
    - Junior  Major

**SIGNATURE OF VOLUNTEER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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