



**L.S.M.S.A**  
(Lake Simcoe Minor Softball Association)  
www.lsmsa.ca



# REGISTRATION FORM

(One form per child)

Player's Name

Surname

First Name

Player's Address

Street & Mailing Address

Town

Postal Code

Date of Birth

Year    Month    Day

Age

as of Dec. 31

Gender M ☐ F ☐

**Medical Notes**

Parent/Guardian

Phone # (h)

Email Address

Alt/Cell ( )

Emergency Contact

Phone # ( )

Preferred Shirt Size

Youth XS ☐ S ☐ M ☐ L ☐

Adult S ☐ M ☐ L ☐ XL ☐ XXL ☐ Other \_\_\_\_\_

Playing Experience

Years: Played \_\_\_\_\_ Pitching \_\_\_\_\_ Catching \_\_\_\_\_

***I agree to allow my child to play under the rules of L.S.M.S.A. and Waive any Claim or Liability***

Signature of Parent/Guardian

Date

***LSMSA REQUEST FOR VOLUNTEERS/COACHES – PLEASE GET INVOLVED***

I as a parent/guardian would like to volunteer as a: Coach ☐ Asst. Coach ☐ Shirt Size \_\_\_\_\_

Where did you hear about the LSMSA? \_\_\_\_\_

All pictures collected throughout the Season, will be property of LSMSA and may be used for webpage presentations.  
I agree to allow the L.S.M.S.A. to use my child's picture on their Website.      Yes ☐ No ☐

***LAKE SIMCOE SELECT (Rep) TEAM***

***TRYOUT FOR CHILDREN FROM THE AGE OF 13 AND OLDER***

YES \_\_\_\_\_ I WOULD LIKE TO TRYOUT

NO \_\_\_\_\_ I WOULD NOT LIKE TO TRY OUT

Number of Players paid for \_\_\_\_\_

Name on Cheque \_\_\_\_\_

(If surname on cheque is different than players, please write child's name on cheque)

E-transfers sent to treasurer@lsmsa.ca

Paid by: Debit    Credit    Cash \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ Amt. on cheque \$ \_\_\_\_\_

***NOTE: ALL electronic payments (debit, credit) subject to a \$5.00 admin fee***

Please mail cheque payable to L.S.M.S.A  
411 The Queensway South P.O. BOX 25029 Keswick, ON L4P 2C7