



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