



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 _____ Age _____ Gender M F
Year _____ Month _____ Day _____ as of Dec. 31

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
7 Louisa Street Jackson's Point, ON L0E 1L0