



Waterford Valley Sports Association 2018 Registration



Registration Fees: **T-Ball = \$60, Mite through Bantam = \$70.00 (Third child is half price)**
7 week program July 3 - August 17th - Includes a hat and a T-shirt to keep
CASH ONLY

Which division do you want your child to participate in: (please check one)

Slowpitch:

- T-Ball** ___ (4 -7 yrs) Child will be 7 years of age or younger as of December 31
Mite ___ (8-10 yrs) Child will be 10 years of age or younger as of December 31
Squirt ___ (11-12 yrs) Child will be 12 years of age or younger as of December 31
Peewee ___ (13-14 yrs) Child will be 14 years of age or younger as of December 31
Bantam ___ (15-16 yrs) Child will be 16 years of age or younger as of December 31

*Teams can play in provincial tournaments if parents wish to go.

Fastpitch: (Must be Squirt division or higher - tournament fees are paid separately ~ \$30)

Does your child want to play Fastpitch too? Yes or No (check one)

Constable William Moss Memorial - July 7 - 10th

Provincial Tournament - Varies by division (Visit www.softballnl.ca/tournaments)

Eastern Canadian Championship - August 21-24th (teams must qualify to go)

Child Name: **(Please Print)** _____

Parent Name(s) _____

Phone Number: _____ Date of Birth (DD/MM/YY) _____

Address: _____

Jersey Size: _____ Youth or Adult (Check one)

Parent E-mail Address (MANDATORY): _____

PARENT/GUARDIAN SIGNATURE: _____

I would like my child to play on a team with their friend: _____

I would like to help as:

- House League Coach**
- All-Star Team Coach**
- Committee Member**
- Manager**

Note: WVSA will pay any required coaching certification fees.



Waterford Valley Sports Association Production Consent Form



Waterford Valley Softball has created a website (www.waterfordvalleysoftball.ca) to provide information to the public about our association. From time to time we will post information regarding team rosters, team accomplishments, team photos, and game action photos that may contain your child's name or image.

I, _____, the undersigned, hereby agree to permit
(Parent/Guardian Name – Please Print)

my child _____, to participate in this publication.

(Signature of Parent/Guardian)

(Date)

Child's Name: _____

Address: _____

Home Tel. #: _____ Cell #: _____

Contact us: 745-7343
www.waterfordvalleysoftball.ca