

## **COST PER PITCHER/CATCHER - \$40**

Please fill out and return with payment

Name of player registering: \_\_\_\_\_

Age of player: \_\_\_\_\_

Number of years pitching/catching \_\_\_\_\_

Registering for (Circle One)      Pitching      Catching

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I hereby permit my son /daughter to participate in softball under the supervision of the Wilmot Softball Association. I also release and discharge the Wilmot Softball Association and its members from any suits and/or debts which may occur as a result of said person engaging in playing softball for said association.

**I agree to provide my son/daughter with a personal caged baseball helmet, understanding that any player without a personal helmet will not be permitted to participate in the clinic.**

Please email this form (Scan or Pic) to [jvleeming@wilmotthunder.com](mailto:jvleeming@wilmotthunder.com) (John Vleeming) and please make payment by cheque or cash at the first session.

**Registrations must be received by January 28th and are open to WSA players**

Parent's Signature: X \_\_\_\_\_ Dated: \_\_\_\_\_

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