Player's Name _____Player No.

DOES YOUR CHILD HAVE ANY DISABILITIES/HANDICAPS/ALLERGIES?:

Parent Agreement:

I hereby acknowledge that I will follow the playing guidelines of the Gage Park Softball Association (GPSA) and will not hold the Executives, Conveners, Organizers, Coaches, Players or Officials of the GPSA liable and/or responsible for any injuries my child or children may suffer while participating in this baseball league,

All players, coaches, officials and parents will abide by the "Zero Tolerance Policy" of the City of Hamilton,

I certify that my child, registered herein, is physically fit and able to participate in the GPSA House League and/or Select Divisions (if applicable), and I accept full risk and responsibility for my child's safety.

I acknowledge that there will be a fee of $50,00 for an NSF cheque.

I give the Gage Park Softball Association permission to use photographs of events for promotional purposes Yes (_) No ( )
All information pertaining to disabilities, handicaps or allergies of the child registered herein will be kept strictly confidential.

Name _ *Date:*

_____ _____