

**SOUTH OTTAWA LITTLE LEAGUE
2010 PLAYER REGISTRATION FORM**

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ POSTAL CODE: _____ **RETURNING PLAYER? YES NO**

DATE OF BIRTH: _____ AGE: _____ **(AS OF APRIL 30/10 FOR BASEBALL AND DECEMBER 31/09 FOR SOFTBALL)** GENDER: M _____ F _____

LIVES WITH (**PLEASE CIRCLE ONE**): MOTHER FATHER BOTH LEGAL GUARDIAN

FATHER / GUARDIAN:	MOTHER / GUARDIAN:
ADDRESS:	ADDRESS:
PRIMARY PHONE NUMBER:	PRIMARY PHONE NUMBER:
SECONDARY PHONE NUMBER:	SECONDARY PHONE NUMBER:

PRIMARY ADDRESS FOR ALL SOLL E-MAIL : _____

REGISTERING FOR:	By MAR. 31	AFTER MAR. 31	<input checked="" type="checkbox"/>
BLASTBALL (4-6)	\$110	\$125	
COACH PITCH (7-8)	\$120	\$135	
MINOR (9-10)	\$150	\$165	
MAJOR (11-12)	\$150	\$165	
JUNIOR (13-14)	\$160	\$175	
SENIOR (15-16)	\$160	\$175	
BIG LEAGUE (17-18)	\$230	\$245	
GIRLS MAJOR SOFTBALL (9-12)	\$150	\$165	
GIRLS JUN/SEN SOFTBALL (13-17)	\$160	\$175	

There will be a fee of \$25.00 on NSF cheques

A uniform deposit of \$100.00 is required for BIG LEAGUE ONLY. Please make cheque payable to SOLL, dated August 30, 2010 and put player's name on the back.

League Use Only:

Registration Fee Paid:

Cash Cheque

BL Uniform Deposit Paid

Residency Verified

Birth Certificate Verified

As the parent/guardian of the above named candidate for a position on a South Ottawa Little League team, I hereby give my approval for his/her participation in any and all League activities during the baseball season. On behalf of the above named candidate and of myself as his/her parent/guardian, I agree to assume responsibility for all risks and hazards incidental to such participation. As well, I do hereby waive, absolve, and agree to hold harmless South Ottawa Little League Baseball Inc., the organizers, officers, convenors, coaches, managers, umpires, and participants for any accident that may happen during League activities or while the player is on the way to or from League activities.

I give permission to South Ottawa Little League to take and post pictures of _____ (name of child) on the website, using first name and last name initial only. Yes No

Date: _____ Signature: _____

PLEASE RETURN FORM WITH CHEQUE MADE PAYABLE TO SOUTH OTTAWA LITTLE LEAGUE TO:

Cindy McCaw, South Ottawa Little League Registrar, 10 Streamwood Lane, Ottawa, ON K1T 3P9

PLEASE NOTE: NO SPECIAL REQUESTS WILL BE CONSIDERED FROM MINORS AND UP

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CINDY AT 613-260-8425

YOUR CHILD WILL NOT BE CONSIDERED REGISTERED UNTIL ALL SUPPORTING DOCUMENTS HAVE BEEN RECEIVED BY THE REGISTRAR, I.E.: SIGNED MEDICAL WAIVER, CODE OF CONDUCT, PHOTOCOPIES OF PARENT'S DRIVER'S LICENCE (PROOF OF RESIDENCY), AND CHILD'S BIRTH CERTIFICATE (IF NEW PLAYER).