

**SOUTH OTTAWA LITTLE LEAGUE**  
**2012 Player Clinic Registration Form**  
**(CP, Minors, Majors, Juniors)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ (**AS OF APRIL 30/11**)

GENDER: M \_\_\_\_\_ F \_\_\_\_\_

**Division of Play:** \_\_\_\_\_

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

Father / Guardian	Mother / GUARDIAN
ADDRESS:	ADDRESS:
PRIMARY PHONE NUMBER	PRIMARY PHONE NUMBER
SECONDARY PHONE NUMBER:	SECONDARY PHONE NUMBER:
PREFERRED E-MAIL ADDRESS FOR ALL SOLL EMAIL :	

<b>REGISTERING FOR:</b>		<b>TOTAL FEE</b>	✓
<b>Spring Skills Clinic</b>		48	

**RETURN ALL FORMS WITH CHEQUE MADE PAYABLE TO SOUTH OTTAWA LITTLE LEAGUE TO:**

Carl Suri, South Ottawa Little League, 1343 Chattaway Ave, Ottawa, ON K1H 7S2

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CARL AT 613-203-7509**

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: \_\_\_\_\_

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