



NORTH SHORE DISTRICT SOFTBALL ASSOCIATION INC.

REGISTRATION FORM - 2010

PLEASE CHECK THAT ALL PERSONAL DETAILS ARE CORRECT, MAKE CHANGES WHERE NECESSARY, NOTE ANY REPRESENTATIVE EXPERIENCE IN THE APPLICABLE BOX AND SIGN WHERE APPROPRIATE.
 CLUB REGISTRAR ONLY TO COMPLETE DETAILS IN 2008 REGISTRATION BOX.

REGISTRATION NUMBER:

NAME:				
ADDRESS:				
PHONE:	MOB	DOB:	AGE 2010:	

NSDSA Club Registered 2009:

ASSOC. ON PERMISSION FROM IF NOT 1ST REGISTERED NSDSA: _____

REPRESENTATIVE EXPERIENCE:

TOTAL NUMBER OF YEARS AS REP PLAYER	LAST REP TEAM/ASSOCIATION	GRADE	YEAR

PARENT/GUARDIAN TO COMPLETE IF PLAYER/OFFICIAL IS UNDER 18 YEARS OF AGE

I, _____ as Parent/Guardian of the
 abovenamed player give my permission for her/him to play/officiate with NSDSA this season.

PARENT'S/GUARDIAN'S SIGNATURE: _____ Dated : ____/____/2010

PLAYER/OFFICIAL TO COMPLETE (PARENT/GUARDIAN TO COMPLETE IF PLAYER/OFFICIAL IS UNDER 18)

I, the undersigned, hereby agree that North Shore District Softball Association Inc. or any member thereof or any committee thereof, associated in any way with the conduct, management and control of any game of Softball or Teeball during the current season (all of which persons or Committees are severally and jointly included in the term "the indemnified") shall not be deemed responsible or liable in any way for any injury, illness or mishap to the abovenamed person sustained in, arising from or out of any match, practice or function of whatsoever nature if in any way connected with the game of Softball/Teeball promoted, managed and controlled by the N.S.D.S.A. Inc. and thereby indemnify the indemnified against any actions, suits, causes of action, demands and claims by the abovementioned person or any other person or persons arising out of any such injury, illness or mishap and thereby agree that the indemnified may act as my agent, in the event that I am not immediately available, in the incurring of such expenses, and/or whatsoever is reasonably necessary for the benefit of the abovementioned person in connection with or arising out of any such illness or mishap.

SIGNATURE: _____ Dated: ____/____/2010

I give permission for the publication of the following personal details in the NSDSA Inc 2008 Fixtures Book - printed and on-line versions - if I am registering as, or subsequently become registered as, a team coach/assistant coach/manager..

Email: _____ Phone / Mobile: _____

SIGNATURE: _____ Dated: ____/____/2010

(OFFICE USE ONLY - TO BE COMPLETED BY CLUB REGISTRAR/OFFICIAL)

2009 REGISTRATION DETAILS

CLUB	GRADE	TEAMNAME	TYPE	LEVEL

REGISTRATION TYPE: P = Player / Official - C = Coach, AC = Assistant Coach, U = Umpire, S = Scorer, M = Manager, O = Other
 LEVEL: Accreditation Level for Umpire, Scorer, Coach

PROHIBITED PERSONS' DECLARATION COMPLETED & HELD BY CLUB: YES / NO

PROOF OF AGE - ALREADY RECORDED BY NSDSA: **OR SIGHTED BY CLUB REGISTRAR/OFF:** _____

INITIALS