



# NORTH SHORE DISTRICT SOFTBALL ASSOCIATION INC.

## REGISTRATION FORM - 2013

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 2012 REGISTRATION BOX.

**REGISTRATION NUMBER:**

NAME:			
ADDRESS:			
PHONE:	MOB	DOB:	AGE 2013

**NSDSA Club Registered 2011:**

**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 : \_\_\_\_/\_\_\_\_/2013

**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: \_\_\_\_/\_\_\_\_/2013

I give permission for the publication of the following personal details on the NSDSA Website if I am registering as, or subsequently become registered as, a team coach/assistant coach/manager.

Email: \_\_\_\_\_ Phone / Mobile: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/2013

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

**2013 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