

South Cowichan Youth Softball Registration Form 2021



SEASON

Apr 12 - June 19 | 10 Weeks

Practices start week of Apr 12 | Games start week of Apr 19

Early Bird Fee (until Mar 30) \$65

Regular Fee (after Mar 30) \$75

DIVISIONS

T-Ball

Born 2014- 2015

Junior

Born 2012 - 2013

Intermediate

Born 2010 - 2011

Senior

Born 2007 - 2009

Major

Born 2002 - 2006

Due to uniform orders and roster setting, no changes can be made to player divisions after April 12, 2021.

PERSONAL INFORMATION

Player's Name:		Birthdate:	
Address:		MM / DD / YYYY	
City:	Postal:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Email for league correspondence:			
<input type="checkbox"/> Played previously Number of years _____ <input type="checkbox"/> Played in this league <input type="checkbox"/> Pitcher	SHIRT SIZE: <input type="checkbox"/> Youth S <input type="checkbox"/> Adult S <input type="checkbox"/> Youth M <input type="checkbox"/> Adult M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult L <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult XL <input type="checkbox"/> Youth XXL <input type="checkbox"/> Adult XXL		I understand that team shirts must be worn to all games or child cannot play. INITIAL: _____

Parent/Guardian:	Parent/Guardian:
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:

Emergency Contact:	Emergency Contact Phone #:
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HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs?

REQUESTS

Note: we do our best to accommodate player requests but cannot guarantee that each request is granted.

Team requests:

EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to Kerry Park Recreation Administration or instructor/leader; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF AN ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in CVRD promotional material.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

CONSENT

I (parent/guardian's name) _____ consent to my child participating in the South Cowichan Youth Softball League and understand the risk associated with participation including slips, falls, or injuries and agree to indemnify and save harmless the Kerry Park Recreation Centre, the Cowichan Valley Regional District and the program instructors, arising out of the act of participating in any softball related activities provided by the Kerry Park Recreation Centre.

I, the undersigned, have read and fully understand the above liability and Informed Consent Waiver.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

COACHING

If you are a parent/guardian interested in coaching a team, please complete application below:

NAME: _____
Date of Birth: _____
Address: _____
City: _____
Primary Phone #: _____
Secondary Phone #: _____
Email: _____

Preferred Coaching Assignment:

- Coach - *please note shirt size:* _____
- Assistant Coach - *please note shirt size:* _____
- Umpire Division Rep
- General Help Championship Day Picnic
- Intro Junior
- Intermediate Senior Major

Do you have current First Aid? No Yes - level: _____

Coaching/Playing Experience: _____

Additional Comments: _____

SIGNATURE OF VOLUNTEER: _____ **Date:** _____

South Cowichan Youth Softball Fair Play Code of Conduct



FOR ATHLETES

- I will play by the rules and in the spirit of the game.
- I will respect my opponents.
- I will do my best to be a true team player.
- I will remember that having fun, improving skills, making friends and doing my best are more important than winning.
- I will acknowledge all good plays and performances - those of my team and of my opponents.
- I will control my behaviour; I understand that fighting and “put downs” only spoil the fun for everyone.
- I will help provide an environment for my team that is free of drugs, tobacco, and alcohol.
- I will participate because I want to, not just because my parents or coaches want me to.
- I will remember that coaches and officials are there to help me and will accept and respect their decisions.
- I agree to play fair.

Print Name: _____

Signature: _____

Parent may sign for child if child is unavailable at time of registration.

FOR PARENTS

- I will remember that my child plays sport for their enjoyment, not for mine.
- I will encourage my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game/event.
- I will make my child feel like a winner every time by offering praise for competing fairly and trying hard.
- I will never ridicule or yell at my child for making a mistake or losing a competition.
- I will remember that children learn best by example. I will applaud good plays and performances by both my child’s team and their opponents.
- I will not force my child to participate in sports.
- I will never question the official’s judgment or honesty in public.
- I will help provide an environment for my team that is free of drugs, tobacco, and alcohol.
- I will support all efforts to remove verbal and physical abuse from children’s sporting activities.
- I will respect and show appreciation for the volunteer coaches who give their time to provide sport activities for my child, understanding that I have a responsibility to be a part of my child’s development.
- I promise to help my child enjoy their sport by doing whatever I can to help the program.
- I agree to play fair.

Print Name: _____

Signature: _____

Please print or save this form to your device and email attachment to darcy.kulai@cvr.bc.ca