

South Cowichan Youth Softball Registration Form 2026



Please note: your registration is not complete until you've registered and paid via phone, in person, or online.
This form provides us with additional information *after* initial registration is complete.

SEASON

Apr 11 - June 20 | No session May 18, June 12 & 13

DIVISIONS

T-Ball

Born 2020

Intro

Born 2019

Junior

Born 2017 - 2018

Intermediate

Born 2015 - 2016

Senior

Born 2012 - 2014

Major

Born 2008 - 2011

Due to uniform orders and roster setting, no changes can be made to player divisions after Apr 18, 2026.

PERSONAL INFORMATION

Player's Name:

Birthdate:

Address:

MM / DD / YYYY

City:

Postal:

☐ Male

☐ Female

Email for league correspondence:

☐ Played previously - number of years _____

☐ Played in this league

☐ Pitcher

SHIRT SIZE:

☐ Youth S

☐ Adult S

☐ Youth M

☐ Adult M

☐ Youth L

☐ Adult L

☐ Youth XL

☐ Adult XL

☐ Adult XXL

Parent/Guardian:

Parent/Guardian:

Primary Phone #:

Primary Phone #:

Secondary Phone #:

Secondary Phone #:

Emergency Contact:

Emergency Contact Phone #:

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: _____

Primary Phone #: _____

Email: _____

Do you have current First Aid?

☐ No ☐ Yes - level: _____

Coaching/Playing Experience:

Preferred Role:

☐ Coach - *please note shirt size:* _____

☐ Assistant Coach - *please note shirt size:* _____

☐ Umpire - number of years experience: _____

T-Ball

☐ Intermediate

☐ Intro

☐ Senior

☐ Junior

☐ Major

SIGNATURE OF VOLUNTEER: _____

Date: _____

All volunteers are required to complete a current Criminal Record Check and fill out a CVRD Release of Liability Form.