

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
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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:	
		MM / DD / YYYY	
Address:			
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

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:

Preferred Role:

Coach - please note shirt size:

Assistant Coach - please note shirt size:

Umpire – number of years experience:

T-Ball

Ball Intermediate

□ Intro

Mrs Senior

Junior

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