*For Softball NL Provincial (All-Star) Teams*

**U16 Female Provincial High Performance Program, Open To Females Born In 2005 And 2006**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD MM YYYY

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hometown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_ Telephone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Telephone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MCP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020-2021 School Grade: \_\_\_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_ Bats: \_\_\_\_ Throws: \_\_\_\_ 2020 Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: (Please circle or highlight all that apply): P C 1B 2B 3B SS LF CF RF

Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to Contact in Case of Accident or Emergency, If Parent/Guardian Are Not Available.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Dates**

The Dates for the Camp Dates **at Techniplex** include

Friday, November 13 at 7:30pm-9:30pm

Friday, November 27 at 6:30pm-8:30pm

Friday, December 4 at 6:30pm-8:30pm

**Note: Remaining 3 Sessions - TBD After Christmas.**

**Please Circle the Appropriate Response Below Pertaining to Your Child**

YES NO Previous History of Concussions

YES NO Fainting Episodes During Exercise

YES NO Epileptic

YES NO Wears Glasses

YES NO Wears Contact Lenses

YES NO Wears Dental Appliance

**Please Circle The Appropriate Response Below Pertaining To Your Child Continued…**

YES NO Hearing Impediment

YES NO Asthma

YES NO Trouble Breathing During Exercise

YES NO Heart Condition

YES NO Diabetic

YES NO Medication

YES NO Allergies

YES NO Wears A Medic Alert Bracelet or Necklace

YES NO Does Your Child Have Any Health Problem That Would Interfere With

Participation On A Softball Team

YES NO Surgery In The Last Year

YES NO Has Had Injuries Requiring Medical Attention In The Past Year

YES NO Presently Injured

Please Provide Details Below If You Answered YES To Any Of The Above Items.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any Medical Condition or Injury Problem Should Be Checked by Your Physician Before Participating in a Softball Program.

I Understand That It Is My Responsibility to Keep the Team Management advised of any change in the above Information as soon as possible and that in the event no one can be contacted, Team Management will take my child to Hospital/MD If deemed necessary. I Hereby Authorize the Physician and training staff to undertake examination, investigation and necessary treatment of my child.

I Also Authorized Release Of Information To Appropriate People (Coach, Physician) As Deemed Necessary.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Softball NL Office Use Only:

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD MM YYYY

**NOTE:**

1. **Please Send The Completed Registration – Medical Information Form To Both Executive Director, Dave Feener At** [**executivedirector@softballnl.ca**](mailto:executivedirector@softballnl.ca) **And Team Coach, Dave Connors At** [**dconnors1974@hotmail.com**](mailto:dconnors1974@hotmail.com) **By Wednesday, November 11, 2020.**
2. **Also, Please Email The $200 High Performance Camp Fee (Which Covers 12 Hours) To** [**executivedirector@softballnl.ca**](mailto:executivedirector@softballnl.ca) **By Wednesday, November 11, 2020.**