



2013 Canada Summer Games Women's Softball Identification Camp Registration Form

Office Use Only

Registration Form Received: _____/_____/_____

Registrar Signature: _____

Location (Choose 1): _____ Fundy – Thursday, June 30, 2011, 5:30 – 8:00
_____ Highland/Cape Breton – Friday, July 1, 2011, 9:30 – 12:00
_____ Central/Capital – Monday, July 4, 2011, 5:30 – 8:00
_____ South Shore – Thursday, July 7, 2011, 5:00 – 7:30
_____ Valley – Friday, July 8, 2011, 5:00 – 7:30

CONTACT INFORMATION

NAME: _____
(First Name) (Last Name)

Date of Birth: _____
Month Day Year

Address: _____
Street City Postal Code

Telephone: _____
Home Cell Other

Email Address: _____

MEDICAL INFORMATION

Do you have any current injuries or history of medical limitations, known allergies or other significant conditions?

NO _____ YES _____ Please specify: _____

Immunization up-to-date: NO _____ YES _____

Last Tetanus Shot: Date: _____



GENERAL INFORMATION

(Keep this page for your reference)

Check-In for camp will begin 30 minutes prior to scheduled start time.

All camps will be video recorded for Canada Games coaching staff viewing only. Any requests from others to view will not be permitted.

Signed waiver forms will be required at Camp Check-In.

Fee to participate in an Identification Camp will be \$15.00 (Cash Only) to be paid at Check-In time. If not registered or affiliated with Softball NS, the fee will be \$25.00 to cover the additional cost of insurance.

All camps will begin at the scheduled time.

Equipment to Bring:

- ⇒ Cleats
- ⇒ Ball Glove
- ⇒ Bat (if you have one)
- ⇒ Water
- ⇒ Sunscreen
- ⇒ Weather-appropriate clothing
- ⇒ Insect Repellent

Should weather prevent a camp from being held outside, notification will be made by EMAIL to those who have registered as to alternate plans. Depending on registration, the specific camp will be re-scheduled or registrants will be directed to the next nearest camp.

Submit completed Registration Form by mail, fax, or email to:

Marg Seaman

Head Coach, 2013 Canada Games Women's Softball

10 Rose Street, Dartmouth, NS, B3A 2T5

Fax: 463-4698

mseaman@accesswave.ca