

2011 ASSOCIATE MEMBER AND INSURANCE FORM

Team Membership including Insurance -. Appropriate registration forms must be completed by teams that intend on participating in Canadian Championships, Eastern Canadians, Regional or Provincial Championships. To activate Associated Membership and coverage, please forward payment (Cheque Or Money Order) and form to:
Softball Nova Scotia.

5516 Spring Garden road, 4th Floor, Halifax, Nova Scotia, B3J 1G6 Fax: 425 5606

Note: Insurance Policy Period - 365 days (April 1 – March 31). - Please report any accidents within 30 days to Softball Nova Scotia.

Fees – Adults (\$100.00) per team. Minor – Midget & Under \$10.00 per player & coaches.

NAME OF TEAM _____ MALE FEMALE Co Ed
 CONTACT PERSON _____ TELEPHONE (HOME) _____ (WORK) _____
 MAILING ADDRESS _____ POSTAL CODE _____

Name of Association, President's address and phone number: _____

FAX: _____ EMAIL: _____

Minor Fast Pitch Slo-Pitch Orthodox Legible Please
 Date _____
 Player's Name (AGE) _____ (AGE)

- | | |
|--|---|
| <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> | <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> |
|--|---|

Coach or Manager Signature _____

Coach or Manager Signature _____

Coach or Manager Signature _____

Coach or Manager Signature _____

WARNING: I certify that I am an Amateur according to the rules of Softball Canada and hereby agree to abide by the Rules and Regulations of said Association. Any person's name appearing on this form may also be signed onto Softball Canada Team Registration Certificate. I hereby, for myself, my heirs, executors, administrators and sponsors, waive and release any and all rights claims that I may have or that might arise, against the Provincial Association, its affiliated associations, sponsors, agents, or representatives for any/all injuries or losses suffered by me while competing in or in connection with the programs of said Association

FOR OFFICE USE ONLY

Region _____ Form Received _____ Paid _____