



2022 REGISTRATION

Clarington Girls Slo-Pitch Association

243 King St East Bowmanville Mall RPO, P.O. Box 23028 Bowmanville, Ontario L1C 3X0 www.claringtongirlsslopitch.com

Please print clearly

Address			
Address:			
Street	Tov	wn	Postal Code
Telephone #:	/	//	
Home	Cell	Date of Birth:	me of person whose cell # this is
Email Address:		Date of Birth:	Day/Month/Year
Have you previously participated in Org Have you previously participated with O You may make ONE request, however, there is n Requests are honored on a first con	Clarington Girls Slo-Pitch A NO guarantee we will be able to	Association? Yes / No	
	Pogistr	ation Fee:	
** N 1. I, the Parent/Legal Guardian o	ISF Cheques will be subject to NO REFUNDS AF of the above noted player the responsibility to retur		
	tations realistic. ractices and games. e bench" coach or umpire ith, harass, or abuse the U	e. Jmpires, Coaches, Parents,	, Players or Executive members. agreement, and after investigation by
League Officials, I may not be permitte my child may not be permitted to play When signing this form, you are respo	in the Clarington Girls Slo	me(s). In the event that the o-Pitch Association and no	nis agreement continues to be broken refund will be provided.
I understand that should the situation League Officials, I may not be permitted my child may not be permitted to play When signing this form, you are respo by this agreement. I understand that from time to time the publish photographs highlighting plays website and/or Facebook page. No national contents the situation of the si	in the Clarington Girls Slo nsible for anyone that you nere is opportunity, and I g er's accomplishments thro	me(s). In the event that the o-Pitch Association and no ubring to the game with y give permission for Claring ough the local paper, the O	his agreement continues to be broken refund will be provided. You in making sure that they also abid gton Girls Slo-Pitch Association, to
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Office use only: Date Received: _____ Time Received: _____ Paid Cash / Cheque # _____