

Lakefield Minor Softball  
P.O Box 767 Lakefield, Ontario, K0L 2H0

Cash or Cheque Accepted:      **\*\*Please Make Cheques Payable To L.D.M.S.A\*\***

**In Person Registration Will Be Held On The Following Dates:**

February 25<sup>th</sup> from 5:30-7:00pm and March 3<sup>rd</sup> from 9:00am-12:00 noon at the Lakefield Community Centre

March 5<sup>th</sup> from 5:30-7:00pm and March 19<sup>th</sup> from 5:30-7:00pm at Kingdon U Stor It

**\*\*Registration Is Also Available Monday-Friday from 9:00am-12:00noon at Kingdon U Stor It 3335 Lakefield Rd\*\***

**In-Person registration will close March 28,2019.**

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**House League Divisions**

2014-2015- T-Ball  
2012-2013- Pre-Mite  
2010-2011- Mite  
2008-2009- Squirt  
2005-2007- Peewee

**\*\*Please Circle  
Your Child's Birth  
Year and Indicate  
Houseleague or  
Rep\*\***

**Rep Divisions**

2009-2010- Mite (U10)  
2007-2008- Squirt (U12)  
2005-2006- Peewee (U14)  
2003-2004- Bantam (U16)

**\*\*Houseleague Registration is \$40.00/PLAYER.\*\*      **\*\*Rep Registration is \$150.00/PLAYER\*\*****

**Please only one player on each form**

**\*\*\*\*\*PLEASE PRINT\*\*\*\*\***

**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Shirt Size: YS   YM   YL   S   M   L   XL**

**Email Address:** \_\_\_\_\_

**\*\*Please Note;**

A PLAYER MAY BE REQUESTED TO TRANSFER TO ANOTHER HOUSELEAGUE TEAM DURING THE COURSE OF THE SEASON IN ORDER TO KEEP THE TEAMS EVEN.

**\*\*BY SIGNING THIS FORM I GIVE PERMISSION FOR THE ABOVE NAMED CHILD TO PARTICIPATE IN L.D.M.S.A ACTIVITES. I ALSO AGREE THAT L.D.M.S.A, ITS COACHES AND EXECUTIVE WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES OR ACCIDENTS WHICH MAY HAPPEN TO MY CHILD DURING OR IN TRANSIT TO AND FROM GAMES, PRACITCES OR OTHER ASSOCIATED ACTIVITIES.**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*\*VOLUNTEERS ARE ALWAYS NEEDED. PLEASE LET US KNOW IF YOU ARE INTERESTED IN HELPING COACH OR UMPIRE\*\***

I AM INTERESTED IN COACHING: \_\_\_\_\_ (Please Print Name)

I AM INTERESTED IN UMPIRING: \_\_\_\_\_ (Please Print Name)

**\*\*Please Ensure Your Child Has Their Own Ball Glove As Well As Running Shoes Or Rubber Cleats. Children Will Not Be Allowed To Play In Any Other Footwear Due To Insurance Reasons.\*\***

**Notes:** \_\_\_\_\_

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