



## Parent Information

Father's Name: \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

## Volunteers

A successful organization needs your help!

LGSA is a completely non-profit organization run entirely by volunteer parents. Please indicate how you will be helping by checking at least one box. Please note that without coaches there can be no teams. We will hold a coaching clinic prior to the season.

- |   |  |
|---|--|
| <input type="checkbox"/> Coach            | <input type="checkbox"/> Assistant Coach     |
| <input type="checkbox"/> Team Manager     | <input type="checkbox"/> Tournament/BBQ Help |
| <input type="checkbox"/> Executive Member |  |
| <input type="checkbox"/> Score Keeping    |  |

**Agreement:** I, in my capacity as a parent or guardian, hereby grant permission for my child named above to participate in softball activities organized and supervised by the Lakeshore Girls Softball Association. I agree not hold the league responsible or its organizers, directors, umpires, coaches, managers or their assistance for injuries sustained by or to my child prior to, during or after any such activity.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

I have enclosed a cheque made out to LGSA in the amount of \$ \_\_\_\_\_ cheque # \_\_\_\_\_

Mail to or drop off in mailbox at:

LGSA  
239 Stonehenge Drive  
Beaconsfield, QC

H9W 3X8

Or second drop off option:

LGSA

105 Thackeray RD

Beaconsfield, QC

H9W 1B3

\*\*\*No post dated cheques after April 15th 2019\*\*\*

**REFUND POLICY:**

If a registered player is unable to start the season, the League must be notified in writing (email). The fee will be refunded subject to the following notification:

- 100% prior to start of the season
- 50% prior to May 15<sup>th</sup>
- 0% on or after May 15th