

# Greater Moncton Royale Softball Association

## 2025 Registration Form

**Player Information:** (PLEASE PRINT CLEARLY)

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Year    Month    Day

City: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Other Insurance: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell: \_\_\_\_\_ SNB# : \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

- Player Level (PLEASE CHECK BOX)**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> U11 – Born 2014-2015 | <input type="checkbox"/> U13 – Born 2012-2013 | <input type="checkbox"/> U15 – 2010-2011               |
| <input type="checkbox"/> U17 – 2009-2008      | <input type="checkbox"/> U19 – Born 2006-2007 | <input type="checkbox"/> Senior – Born 2005 or earlier |
- Learn to Play -- Born 2018 -2020                       U9 – Born 2016-2017

**Volunteer Information A SUCCESSFUL ORGANIZATION NEEDS YOUR HELP?**

Name: \_\_\_\_\_  Asst. Coach                       Other     Umpire

contact # \_\_\_\_\_  Coach                                       Tournament Help

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

**Waivers (Please Read and Sign)**

◦I hearby waive and release the Greater Moncton Royal Softball Association, its agents, representatives, coaches, officials, directors, and sponsors from any claim or actions from any injury which might be received by my child during either Association activities. I certify the above mentioned date of birth is correct and am willing to provide proof if necessary.

◦I do hereby agree and give consent for Moncton Fastpitch Association and/or its representatives to record, film, photograph, audiotape or videotape my child (children), name, image for promotional purposes of any kind, website, brochures, social media platform - including, but not limited to Facebook, Instagram, SnapChat, website, Youtube, broadcasting, newspaper.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Payment Information**

Cost per player..... \$150.00

Learn to play .....  \$90.00

Payment:

Email Transfer  [softballmoncton@gmail.com](mailto:softballmoncton@gmail.com)

Receipt # \_\_\_\_\_

(for GMMGSA use only)

TOTAL PAYMENT = \$ \_\_\_\_\_

**Provincial Softball**

\_\_\_ Yes \_\_\_ No, interested in playing Provincial Softball for the 2025 season \*

\*Addional Fees are associated with this registration