



TOM VOYLE PARK SPORTS CLUB REGISTRATION - Softball

Full Name: _____

M/F: _____ Age: _____ DOB: ____/____/____

Phone: _____ Email: _____

Home Address: _____

Softball positions (*Positions you want to play!*)

Skill Level Ability -Never played – beginner – intermediate – skilled(please circle one)

Teams available (please circle)

T-ball midget Yr1-2

Beginner T-ball Yr3-4

Little league yr5-6

Intermediate yr 7-8

College yr9-13

Adults social(Wednesday's)

Men's Majors Premiers (*please circle*)

Woman's Majors Premiers (*please circle*)

To enable the Club to continue operating successfully, we welcome help from parents and senior players. Please indicate If you would be willing to help YES NO

What would the assistance you could provide the club: _____

Committee member, Umpiring, Coaching, Team Manager, Casual Volunteer, Other/Sponsorship

Previous Softball clubs *Other clubs you have played for?:* _____

Which school do you attend (if still at school): _____

Are there any Custody issues the coach should be aware of? _____

Are there any Medical conditions/allergies the coach should be aware of?

Emergency Contacts: _____



Please enrol me as a member of TVPS Softball Club. I fully understand that I am liable to pay the yearly subscription for the season. I agree to abide by the rules and regulations of the Club and agree to remain a member until resigning by letter at the time of my choice. I understand that my membership to the TVPS Softball Club is contractual for the summer playing season and that my withdrawal during the season does not necessarily allow any refund of any subscription monies paid. I understand that all fees are to be paid in full upon registration or this will result in the individual not being placed in a team unless other arrangements have been prearranged.

I declare that the above information is true and accurate to the best of my knowledge

Signature: Date:

The information received has been gathered for the sole use of TVPS Softball Club and will not be passed onto a third party unless prior approval has been given

Email: Cambridgesoftball2017@gmail.com

Facebook page: Cambridge softball (tom voyle)

Bank details :

Tom voyle park sports club inc

02-0300-0015167-00 (when paying fees please use REF: Softball and your name)

Text: Wayne 0226190017

FEES: \$65 Junors

\$100 Adult social

\$140 Adult Premiers/Majors

CLUB USE ONLY

Date: _____

Total Due: _____

Total Paid: _____

Notes: _____

