1550 Kingston Road, Suite 1307, Pickering, Ontario L1V 6W9 / Mailing Address
The UPS Store, Box 1307 at 1550 Kingston Road, Pickering / Drop Off
905-837-0606 / 24 Hour Info Line
registrar@pickeringsoftball.com / Registration E-mail Inquiries
info@pickeringsoftball.com / General E-mail inquiries
www.pickeringsoftball.com / Website

PSA – House League Registration Form

(Please Print Clearly)

Registration for year: ☐☐☐☐

(For PSA Use Only) ☐☐ ☐☐☐☐

Surname | **Given Name & Initial** | **Usual First Name**

Home/Mailing Address | **City**

Postal Code | **Telephone Number** | **Date of Birth** (Day/Month/Year)

eg: 2 5 / D E C / 1 9 9 7

Gender | **E-Mail Address**

☐ Male ☐ Female

Vacation Plans (If known) _____

Previous Member of PSA? **Yes / No** ◄◄ (Circle Choice) - If YES, give last year[s] of play below – **If NO, proof of age will be required (i.e. birth certificate)**

Last Year Played in PSA: _____ **Years of Experience in Other Softball / Baseball Programs** _____

Please specify any medical conditions: _____

Special Instructions / "play with" request: _____
Note: PSA will attempt to honour (only one) "play with" request, provided both players indicate a mutual (two-way) request. Team balancing takes priority.

Would your son or daughter be interested in being called to "play up" (as required) in the next division up: Yes / No ◄◄ (Circle Choice)

Transportation: Check here, if a) you could assist other members of team: ___ or b) your child needs a ride from other members of team: ___

I, the undersigned, being the parent or guardian, hereby absolve the Pickering Softball Association of any and all liability incurred, while the above player is a member of this organization. I also hereby declare that the information detailed herein is accurately stated.

Dated at Pickering, Ontario, this _____ day of _____ 20__ __. Signature: _____

Parents - Help Needed as: Division Convenors / Coaches / Assistant Coaches / Team Sponsors / Umpires.

If interested, please circle choice of position (above) in which you are available to contribute. Please include your full name and contact phone number (If different from above).

IMPORTANT: **The PSA is comprised solely of volunteers and is *always* in need of help in the above positions. Your valuable contribution of time will enable the PSA to continue with the tradition of providing Softball, for all of Pickering's youth. Without volunteers, this program cannot be provided for our/your children.**

There are many other PSA volunteers that will assist you in any capacity (wherever/whenever required), to ensure that you are not without help in any PSA position. Training will be provided for all Convenors, Coaches and Umpires.

Parent's Rating/Assessment: (Please circle one choice below, which you feel describes your child's athleticism and coordination.

A	**Excellent skills for their age**	**B**	**Above average skills for their age**
C	**Average skills for their age**	**D**	**Below average skills for their age**

Note: If your child is unable to perform at same level as other team members, we reserve the right to assign your child to another division within the Pickering Softball program. All transfers will be done at the discretion of the PSA Executive and also with coach and parent consultation.

Although this application is for the PSA House League, there are higher levels of competition available in the PSA "Select" Softball program and the Pickering Heat "Rep" Softball program. Please inquire if you, or your child, are interested in either of these programs.