



# Fraser Valley Fusion

## Player Registration

Registrar's Use Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Squirt	Pee Wee	Bantam	Midget
<b>Contact Information</b>				

Player Name

\_\_\_\_\_  
Last First

Birth Date

\_\_\_\_\_  
Year / Month /Day

Mailing Address

\_\_\_\_\_  
Box Number

House Address

\_\_\_\_\_

\_\_\_\_\_  
City Postal Code

Phone Number

\_\_\_\_\_  
Home

\_\_\_\_\_  
Cell #1

\_\_\_\_\_  
Cell #2

Email Address

\_\_\_\_\_  
Player

\_\_\_\_\_  
Parent #1

\_\_\_\_\_  
Parent #2

Mother's Name

\_\_\_\_\_  
Last First

Father's Name

\_\_\_\_\_  
Last First

Parent Address  
If different than player

\_\_\_\_\_

\_\_\_\_\_  
City Postal Code

*Medical Information*

Care Card Number \_\_\_\_\_

Doctor \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Does the player have any current injuries, or history of medical limitations, known allergies or other significant conditions? If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Softball Information*

Softball B.C. Number \_\_\_\_\_

Last Year Team \_\_\_\_\_

Primary Position \_\_\_\_\_

Alternate Position \_\_\_\_\_

*Volunteer Information*

**Coach**

**Team Manager**

**Fields**

**Score Keeping**

**Team Fundraising**

**Association Fundraising**

*Registrar Use Only*

Payment Type    
Cash Cheque

Registration Received 1    
yes no

Uniform Deposits Received 2&3    
yes no

Cheque Information: 1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Surname, date, cheque number

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_