



2010 Senior Women's National Team Evaluation Camp Registration Form

PLEASE PRINT CLEARLY

Date: ____/____/____

EVALUATION CAMP INFORMATION

Location (choose 1): Brampton, Ontario (May 22nd AND 23rd, 2010) *Rain date on May 24th
 Surrey, British Columbia (June 2nd AND 3rd, 2010)

***Players are encouraged to bring a lunch.**

CONTACT INFORMATION

Name:

First Name

Last Name

Date of Birth:

Day

Month

Year

Address:

Street #/Name

City

Province

Postal Code

Contact Information:

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Home Phone

Alternate Phone

E-mail Address

PASSPORT INFORMATION

*Players selected to Softball Canada's National Teams will need a valid passport.

Full Name on Passport:

Passport Number:

Passport Expiry Date:

MEDICAL INFORMATION

Does the player have any current injuries, or history of medical limitations, known allergies or other significant conditions? Yes No If yes, please specify:



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SOFTBALL T-SHIRT SIZE

Adult Sizes: Small Extra Large
 Medium XX Large
 Large

***Note:** All players registering for an Evaluation Camp will receive a T-Shirt.

OTHER SIZING

Please provide your sizing for the items below (please select your Men's or Women's preference for each):

Sneakers: Women's Size: _____ Men's Size: _____
Cleats: Women's Size: _____ Men's Size: _____
Batting Gloves: Women's Size: _____ Men's Size: _____
Helmet: Size: _____

***Note:** Only players named to the Senior Women's National Team will receive these items.

SOFTBALL INFORMATION

- * Primary position means your strongest defensive position.
- ** Secondary position means a second position you are able to play well enough defensively to play on a regular basis at a provincial team level.

Primary Position*:

Secondary Position**:

Height: Weight: Age: Bats: Right / Left Throws: Right / Left

Preferred Uniform Number: Alternate Number 1: Alternate Number 2:

2009 Club/School Team(s):

2010 Club/School Team(s):

Head Coach Contact (Name, Telephone and E-mail):

2009 Accomplishments:

Softball Reference - Please provide the name, telephone number and email address of a coach who can attest to your softball ability.

Name:

Email:

Phone:



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MISCELLANEOUS INFORMATION

Camp Information

1. All players will be tested at their primary and secondary positions.
2. All players will participate in "game simulation" activities.
3. All players will participate in fitness testing that will include; Beep Test, maximum number of push ups in 60 seconds, maximum number of sit-ups in 60 seconds, Agility drill.
4. Positional players will participate in base running drills.

How did you hear about this Evaluation Camp?

- Softball Canada Website (www.softball.ca)
- Around the Horn (Softball Canada's Newsletter)
- My Provincial/Territorial Association (website or by e-mail)
- My Coach
- My teammate(s)/friend(s)/family
- Other: _____

METHOD OF PAYMENT

Registration Cost: **\$50.00**

Please ensure that a cheque payable to Softball Canada is enclosed.
If you have any questions or concerns please contact:

Softball Canada
223 Colonnade Road, Suite 212
Ottawa, Ontario K2E 7K3
info@softball.ca
TEL: (613) 523-3386 Fax: (613) 523-5761

All forms and cheques are to be sent to the above address by **January 15th, 2010.**

(Player Signature)

(Date)

Office Use Only

Registration Date: ____/____/____

Amount Paid:\$_____

Cheque No.: _____

Registrar Signature: _____