

PAYMENT: CHQ ___ CASH: ___

RECEIPT NO: _____

GRAND BEND YOUTH BASEBALL ASSOCIATION REGISTRATION FORM

BRING TO REGISTRATION ON **SAT, MARCH 5TH, GRAND BEND LEGION** OR MAIL TO GBYBA TREASURER: S. SMITH, 10215 PINEVIEW CRES., GRAND BEND, N0M 1T0. A \$50 LATE FEE WILL APPLY FOR REGISTRATIONS RECEIVED AFTER MARCH 31, 2016.

AFTER APRIL 1ST, 2016, REGISTRATIONS MAY NOT BE ACCEPTED IF TEAM IS FULL. PLAYER'S NAME WILL GO ON A WAITLIST TO POTENTIALLY MAKE ANOTHER TEAM. PLEASE SIGN UP ON TIME.

TEAM: _____

PLAYERS NAME: _____

DATE OF BIRTH: _____

AGE AS OF DEC. 31, 2015: _____

(MO/DAY/YEAR)

PARENT(S)/GUARDIAN(S): _____

PHONE #s: HOME: (_____) _____

CELL: (_____) _____

ADDRESS: _____

EMAIL(S): _____

EMERGENCY CONTACT: _____ PH#: _____

MEDICAL CONDITIONS: _____

OHIP NO: _____ FAMILY PHYSICIAN: _____

PHONE: _____

REFUND POLICY: NO REFUNDS AFTER JUNE 15, 2016. REFUNDS PRIOR INCURR AN ADMINISTRATION FEE: TBALL -\$10, ALL OTHER TEAMS - \$20 EACH PLAYER. PARENT INITIALS: _____

PARENTAL CONSENT TO PLAY: PARTICIPATION IS VOLUNTARY. I AGREE THAT THERE ARE RISKS IN BASEBALL. BY PARTICIPATING, I AM EXPOSED TO THESE RISKS AND HAZARDS. I AGREE TO ACCEPT THE RISKS AND BE RESPONSIBLE FOR ANY INJURY OR LOSS WHICH I MIGHT RECEIVE WHILE PLAYING. BY MY SIGNATURE I ACKNOWLEDGE THAT GRAND BEND YOUTH BASEBALL ASSOCIATION, AND ALL OF ITS MEMBERS, & THE MUNICIPALITY OF LAMBTON, HAVE NO LIABILITY FOR ANY INJURY CAUSED DURING PRACTICE, GAMES, TRAVELLING TO/FROM.

PARENT/GUARDIAN SIGNATURE

DATE