

South Elgin Minor Ball Registration Form

Community: Port Stanley Shedden Sparta Talbotville Union

Team: T-ball 4-Pitch Atom Squirrt

Name: _____

Address: _____

_____ Postal Code _____

Home Phone # _____ Work/Cell Phone # _____

Date of Birth: _____ Health Card # _____

Parents Names: _____

Email _____

Family Doctor: _____ Allergies: _____

Registration Fee: \$ 40 cash ____ cheque ____

After Mar 6: \$ 65 cash ____ cheque ____

Shirt Deposit: \$ 10 cash ____ cheque ____

_____ is available to help the team as:

__coach __assistant coach __score keeper __umpire __bench/field helper

Waiver: The baseball association and/or sponsoring agents, coaches, etc., shall not be liable if any injuries should occur while travelling to games or playing or practising baseball.

Parent/Guardian signature: _____

Date: _____