



Baseball Calgary 2012 Spring Development Program DROP-IN REGISTRATION FORM

To register, please complete this form and email it to registrar@baseballcalgary.com Make cheques payable to Baseball Calgary.

Please accept this registration form for the Spring Development Program on a drop-in basis.

For insurance purposes, we require a completed registration for every participant, including drop-in attendees. Please select how many passes you would like to purchase and let us know the first session you will attend. Payment can be made by cash or cheque on the first night.

Drop-In Passes: 1 x \$30 _____ 5 x \$125 _____ 10 x \$225 _____ 15 x \$300 _____

Expected First night of attendance: _____

Participant's Information

Name: _____ Date of Birth: _____

Alberta Health Care #: _____

2011 Playing Information: League: _____ Level: _____

Position/s: _____ Throws: L / R

Contact Information:

Parent/Guardian Name: _____ Phone: _____

Address: _____ Postal Code: _____

Email: _____

Alternate Contact Name: _____ Phone: _____

Parent/Guardian: I declare that I am the legal guardian of the child described above as the participant. By signing the application, I agree to allow my child to participate in any and all activities of the 2011-2012 Baseball Calgary Winter and Spring Development Programs. To the extent that I can legally assume such risks involved on my child's behalf, I hereby do so. To the extent that a potential claim might arise due to injuries to my child or otherwise as a result of participation in these activities, I hereby waive all my rights to bring suit against, or claim of any sort, on my behalf or on behalf of my child or in my child's name against Baseball Calgary, their officers, employees, volunteers, coaches and supervisors. In addition, should a claim or suit be brought by my child upon reaching the age of majority (currently 18 years old), or if a claim or suit is brought in my child's name by a Public Trustee or someone else acting as guardian or 'next friend', then I agree to hold harmless Baseball Calgary, their officers, employees, volunteers, coaches and supervisors from all claims for damages, costs or otherwise.

Signed: _____ Print Name: _____ Date: _____

We will use the provided e-mail address to send you information regarding this development program. We will also add your address to our mailing list to keep you informed on other baseball camps, season registration and other information which may be of interest to you. If you do NOT want us to keep your contact information after this camp, please indicate so.

Yes / No

Please let us know how you heard about our development program: _____