



## Baseball Calgary 2012 Spring Development Program REGISTRATION FORM

To register, please complete this form and email it, along with a copy of the birth certificate and health care card to [registrar@baseballcalgary.com](mailto:registrar@baseballcalgary.com)  
Make cheques payable to Baseball Calgary.

Please accept this registration form for the program/s indicated below: (please check appropriate program)

Full Pee Wee Program (up to 13 years) _____	Modified Pee Wee Program _____
\$500	\$300
Bantam (up to 15 years) _____	Midget (up to 19 years) _____
\$500	\$500

### 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