

2017 CASTOR MINOR BALL REGISTRATION FORM



NAME		BIRTH DATE (M/D/Y)	
DOCTOR'S NAME		DOCTOR'S PHONE	ALBERTA HEALTHCARE #
DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS? (IF YES, PLEASE SPECIFY)			
PARENT/GUARDIAN'S FULL NAME			
ADDRESS		CITY/TOWN	POSTAL CODE
HOME PHONE		WORK PHONE	CELL PHONE
EMAIL			
PRIMARY EMERGENCY CONTACT'S NAME		PHONE	

LIABILITY RELEASE AND PARENTAL CONSENT FORM

I/we hereby acknowledge that I/we are aware of all risks associated with or related to the sport of baseball/softball and its facilities, including the risk of severe or fatal injury to my/our child. Particulars of which, but are not limited to changes or variations in playing surface; impact or collision with fences, dugouts, equipment or other structures/objects used in conjunction with ball; impact or collision with players, officials, coaches or other people present on the ball diamond; and negligence of the other players on the ball diamond. I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in baseball/softball. This release is intended to discharge in advance the Castor Minor Sports Council, the Town of Castor, the Recreation Director, its directors, officers, employees, instructors, coaches and volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

CONSENT FOR TREATMENT

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Castor Minor Sports Council and/or the Town of Castor will not provide medical insurance for such treatment, and that the cost thereof will be at my expense.

T-Ball and Coach Pitch only: **Travel:** **YES** **NO** (Please circle one)

_____ Date
Parent or Guardian Signature

_____ Date
Witness Signature

<i>For Office Use Only</i>					
Registration Fee:	\$ _____	Date Paid: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	# _____
Uniform Dep. Paid:	\$ _____	Date Paid: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	# _____

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2017 BALL AGE GROUPS			
BOYS		GIRLS	
Learn to Play	2012-2013	Learn to Play	2011-2013
Coach Pitch	2010-2011	Coach Pitch	2009-2010
Rookie	2008-2009	Mites	2007-2008
Mosquito	2006-2007	Squirts	2005-2006
PeeWee	2004-2005	PeeWee	2003-2004
Bantam	2002-2003	Bantam	2001-2002
Midget	1999-2001	Midget	1996-2000

2017 BALL REGISTRATION FEES	
Learn to Play	\$35
Coach Pitch	\$40
Rookie	\$40
Mites	\$40
Mosquito	\$60
Squirt	\$60
PeeWee	\$65
Bantam	\$70
Midget	\$80

Registering Multiple Children

When registering 3 or more children from one family, the third and subsequent children's registration is half price.

Late Fee

There will be a \$50 late fee if you register your child after the registration deadline of **March 10, 2017**.

Ball Uniform Deposit

A \$40 ball uniform deposit is required for each child registered in a ball program. Please make a separate cheque payable to the Town of Castor, postdated for September 1, 2017. Uniforms must be returned prior to September 1st to avoid paying this penalty. When uniforms are returned your deposit cheque will be shredded.

Provincials

If your child's team goes on to play in Provincials, there will be added costs for the team and its players.