

St. Adolphe Community Club Recreational Baseball 2017 Registration Form

Wednesdays, May 3rd to June 21st, 2017 @ 6:15pm

Child's Name: _____ **Gender:** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____

Address: _____

MB Health#: _____

Medical Conditions: (Allergies/Asthma) _____

Child's Shirt Size (XSm, Sm, Med, Large, XL): _____

If you would like, list 2 friends that your child would like to be on the same team with (please note there are no guarantees): _____

Parent/Legal Guardian #1: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Parent/Legal Guardian #2: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Registration fee for Baseball is \$50 per child (includes a shirt).

If more than 2 children from the same family register, the rate for the third and subsequent children is \$25.

If registering for both baseball and soccer the cost is \$80.

PAID: _____

Baseball gloves are required but are not included in the fee.

* Registration will not be accepted after April 5th, 2017

* All correspondence will be done via email.

* Cancellations of practice will be made by 4:00pm that day.

* There will be no make up dates for rain-outs.

Are you willing to be a Coach or Assistant Coach? Yes No

Other: _____

I, _____, am the parent/legal guardian of
_____.

It is my intent, by signing this registration, that he or she has my permission to participate in the soccer and/or baseball session offered at St. Adolphe Community Club. I understand that with these activities there is a possibility of injury. I hereby release the St. Adolphe Community Club and the St. Adolphe School of any responsibility associated with injuries caused to my child while participating in these activities.

I am aware that photos may be taken for promotional use on the Community Club website.

Signature

Date