



Dollard Amateur Baseball Association

12001 de Salaberry Boulevard, Suite H-173, Dollard-des-Ormeaux, Quebec, Canada H9B 2A7
Phone: (514) 683-0386, E-mail: contactus@dollardbaseball.com, Web Site: http://www.dollardbaseball.com

Registration Form Indoor Winter Clinic 2017

PLAYER'S INFORMATION

Name: _____ Birthday: ____ / ____ / ____ Sex: M []
First Name, Last Name Day Month Year F []

Address: _____ City: _____ Postal Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Dad's Cell: (____) _____ Mom's Cell: (____) _____

E-Mail: _____

Parents' Names: Father: _____ Medicare Number: _____

Mother: _____

THE PROGRAM

12 weeks *Subject to school closure for March break*****

Indoor Winter Clinics will be held at **Ecole Dollard Des Ormeaux, 35 Rue Anselme-Lavigne. Dollard Des Ormeaux**

Clinic Dates: January 21-28 – February 4, 11, 18, 25 – March 4, 11, 18, 25 – April 1,8

CATEGORY	Birth Year	Training Hours	RATES
			► 2 options available ◀
Atom []	2008-2009	11:00 AM – 12:30 PM	12 weeks for \$99 or \$15 per session**
Mosquito & Peewee []	2004-2007	12:45 PM – 2:15 PM	

For those interested, there will be additional weekly pitching clinics for Mosquito and Peewee players. Pitching clinics will take place from 2:30-3:30 each Saturday. (Included in the above prices.)

**Should the gym capacity be reached, priority will be given to those registered for the full program.

Programs will be offered subject to sufficient enrolment

Reminder: Until DABA obtains all registrations fees, a player may not partake in DABA activities
Do you consent to allowing DABA to use your child's photo in publications: Y [] N []

Agreement: I, the parent or guardian of the above-named registrant, hereby give my approval to his or her participation in the DABA program. I agree that players will be assigned to groups at the discretion of DABA. I will assume all risks and hazards to the registrant including transportation to and from the activities, whether on a baseball field or elsewhere. I do hereby waive, release, absolve, indemnify and agree to hold harmless DABA and all its volunteers, officials and affiliates for claims arising out of an injury to the registrant, whether the result of negligence or for any other cause.

Signature of parent or guardian, or adult: _____ Date: _____

For administrative use only:

Amt Due	Amt Paid	Cheque(s) Received		Cash Received	Received by REGISTRAR	
\$	\$	No.	Date	\$	\$	Rcvd by:
		No.	Date	\$		Date: Initials: