



# 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

## Saturday 4-5 year old Registration Form – Summer 2012

### 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: \_\_\_\_\_ Mother: \_\_\_\_\_

Medicare Number (mandatory): \_\_\_\_\_

Will the player be away for **more than 2 weeks**? Y [ ] N [ ] – Dates Away: \_\_\_\_\_

### THE DABA TEAM

DABA is a volunteer association; we need our members to help run our program.

Volunteer's Name: \_\_\_\_\_ (HOW CAN YOU HELP US?)

Coach: [ ] Asst. Coach: [ ] Volunteer: [ ] Umpire: [ ] (\$ PAID \$) Scorekeeper: [ ] (\$ PAID \$)

### THE PROGRAM

Reminder: Until DABA obtains all registration fees, a player may not partake in DABA activities.

Summer Season Saturdays 9:30am – 11:00am	\$90.00
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### REGISTRATION FEE

**Agreement:** I, the parent or guardian of the above-named registrant (for minors), OR I, myself (for adults): hereby give my approval to the registrant's participation in the Dollard Amateur Baseball Association league and activities. I agree that players will be assigned to teams at the discretion of Dollard Baseball. I will assume all risks to the registrant including transportation to and from the activities, whether on or off the baseball fields. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Dollard Amateur Baseball Association 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	\$	\$	Date:	Initials:
		No.	Date	\$	Rcvd by:		