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

Initiation Registration Form – Summer 2015

PLAYER'S INFORMATION

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

Address: _____ City: _____ Postal Code: _____

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

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

E-Mail: _____

Parents' Names: Father:_____
Mother:_____

Do you need a helmet (25$) Y [ ] N [ ]
Do you consent to allowing DABA to use your child's photo in publications: Y [ ] N [ ]

Proof of Residence and Medicare Number _____

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

Category	Year of Birth	Summer Season	Notes
Saturday Morning [ ]	2010 or 2011	$110	Parent participation is required in this program
Tuesday/Thursday [ ]	2008, 2009 or 2010	$140	

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. No.	Date Date	$ $	$	Rcvd by:	Date:	Initials: