



Dollard Amateur Baseball Association

12001 de Salaberry Boulevard, Suite B-192, 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 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: _____ Medicare Number: _____

Mother: _____

THE PROGRAM

9 Weeks - Wednesdays, February 1st- April 4th (except March 7th)

The players will participate in 5 weeks of skills and developmental training as well as 4 weeks of pitching clinics. The program will be run by a Master Instructor and veteran Coach Robert Litvack (Head Coach for Midget AAA Lachine A's)

The program will be held at Ecole Secondaire Des Sources, 2900 Lake Road, Dollard-Des-Ormeaux

Program availability is subject to sufficient registration.

CATEGORY		Training Hours	RATES
			▶ 2 options available ◀
Atom / Mosquito	2001-2004	6:30 pm – 7:30 pm	9 weeks for \$100 or \$15 per session
PeeWee	1999-2000	7:30 pm – 8:30 pm	9 weeks for \$100 or \$15 per session
Bantam/Midget	1994-1998	7:30 pm – 8:30 pm	9 weeks for \$100 or \$15 per session

February 1 Skill Training
February 8 Skill Training
February 15 Pitching Clinic

February 22 Skill Training
February 29 Pitching Clinic
March 14 Pitching Clinic

March 21 Skill Training
March 28 Pitching Clinic
April 4 Skill Training

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

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:	Date: Initials:
		No.	Date	\$			