



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**

Dates for all groups: January 25 – February 1, 8, 15, 22 – March 1, 8, 15, 22, 29 – April 5, 12

CATEGORY	Birth Year	Training Hours	RATES
			► 2 options available ◀
Mosquito and Peewee []	2002-2005	10:00 AM – 11:30 AM	12 weeks for \$110 or \$15 per session
Atom []	2006-2007	11:45 AM – 1:15 PM	

As well there will be weekly pitching clinics in addition to the regular sessions. This program will be divided into two 6-week blocks for Mosquito and Peewee players.

Mosquito Pitching Clinic (2004-2005): January 25, February 1, 8, 15, 22 and March 1 from 1:30-3:00

Peewee Pitching Clinic (2002-2003): March 8, 15, 22, 29, April 5 and 12 from 1:30-3:00

***Pitching clinics included when paying \$110 in advance for regular sessions. Otherwise, pitching clinics are \$15 / session

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