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 2019

PLAYER'S INFORMATION **PLEASE PRINT CLEARLY**

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

Medicare Number (Mandatory): _____

Address: _____ City: _____ Postal Code: _____

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

Primary E-Mail for Communications: _____

Parents' Names (Mandatory):

Father's Name:_____ Cell: (____) _____ Email: _____

Mother's Name:_____ Cell: (____) _____ Email: _____

Proof of Residency: _____

Do you consent to allowing DABA to use your child's photo in publications: **Y** [ ] **N** [ ]

Will the player be away for **more than 2 weeks** during the summer? **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.

Category	Year of Birth	Summer Season	Notes
Pre-Novice [ ]	2014 or 2015	$125	Parent participation is required in this program
Novice [ ]	2012, 2013 or 2014	$155	

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