



West Mountain Baseball Association

Established 1980
www.wmbacougars.com

2018 Registration Form
c/o P.O. Box 60586
Mountain Plaza Postal Outlet
661 Upper James St.
Hamilton, ON L9C 7N7

Registration Fees for the 2018 Baseball Season

PLEASE NOTE: Players must register in their "year of birth" division

Cheques are payable to West Mountain Baseball

Refunds will not be issued after Evaluation Day; \$10 service charge for NSF cheques

Division	Year of Birth	Fee	Division	Year of Birth	Fee
<input type="checkbox"/> Midget	2000, 2001, 2002	\$220.00	<input type="checkbox"/> Mosquito	2007 – 2008	\$160.00
<input type="checkbox"/> Bantam	2003 - 2004	\$180.00	<input type="checkbox"/> Rookie	2009, 2010, 2011	\$150.00
<input type="checkbox"/> Peewee	2005 – 2006	\$170.00	<input type="checkbox"/> TBall	2012 – Apr. 2014	\$65.00

SURNAME:		First Name:		Sex:	Birth Date:
Address:			City:		Postal Code:
Father/Guardian:			Mother/Guardian:		
Primary Phone:			Secondary Phone:		
Primary Email:			Secondary Email:		

NOTE: All "new" players must submit a copy of their birth certificate with this registration form

I, as parent or guardian of the above player, consent to my son/daughter playing in the WMBA program. I assume all risks arising out of participation in the program and hereby waive the Hamilton District Baseball Association, West Mountain Baseball Association and its organizers from any claims arising due to participation in the program. With this registration, parent(s) players join as members of the Hamilton District Baseball Association and agree to accept and abide by its rules and policies.

I give permission to have my son/daughter's picture displayed on the WMBA website, Facebook page or tweeted _____

I do not give permission to have my son/daughter's picture displayed on the WMBA website, Facebook page or tweeted _____

Signed: _____ Date: _____

Has this child any medical problems which should be recorded? Yes ___ No ___ If yes, please indicate:	Has this child ever played baseball at "West Mountain"? Yes ___ No ___ Has this child ever played with another organization? Yes ___ * No ___ * If yes, where _____ (a release may be required)
WMBA needs your help. Please consider volunteering in any area that you wish to assist us: <input type="radio"/> Head Coach <input type="radio"/> Fundraising <input type="radio"/> Assistant Coach <input type="radio"/> Tournaments Please Note: Any adult volunteering in our organization to work with our players in any capacity must be willing to obtain a "Police Vulnerable Sector Check" form. This is required bi-annually and is for the protection of our players. We are only concerned with baseball coaching and youth related items.	WMBA will not be providing batting helmets as part of the team equipment. Payment <u>MUST</u> accompany registration form. Spots will not be held for players unless payment is made.
	For Office Use Only: Fee: _____ Cheque: _____ Cash: _____

****Requests for special accommodations will be evaluated on a case by case basis and may not be honoured****