



# West Mountain Baseball Association

Established 1980  
www.wmbacougars.com

2020 Registration Form  
c/o P.O. Box 60586  
Mountain Plaza Postal Outlet  
661 Upper James St.  
Hamilton, ON L9C 7N7

## Registration Fees for the 2020 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

Year of Birth	Division	Fee	Year of Birth	Division	Fee
2002, 2003, 2004	<input type="checkbox"/> U18 (Midget)	\$220.00	2009 – 2010	<input type="checkbox"/> U11 (Mosquito)	\$160.00
2005 - 2006	<input type="checkbox"/> U15 (Bantam)	\$180.00	2011, 2012, 2013	<input type="checkbox"/> U9 (Rookie)	\$150.00
2007– 2008	<input type="checkbox"/> U13 (Peewee)	\$170.00	2014 – Apr. 2016	<input type="checkbox"/> TBall	\$65.00

SURNAME:		First Name:		Sex:	Birth Date:
Address:			City:		Postal Code:
Parent/Guardian:			Parent/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: yes \_\_\_\_\_ no \_\_\_\_\_

I have read & accept the [Ontario Baseball Assoc. waiver form](#) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Has this child any medical problems which should be recorded? Yes ___ No ___ If yes, please indicate:	Has this child ever played with another organization in the last year? Yes ___ * No ___ * If yes, where _____ (a release may be required)
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<p>WMBA needs your help. Please consider volunteering in any area that you wish to assist us:</p> <p><input type="radio"/> Head Coach                      <input type="radio"/> Fundraising</p> <p><input type="radio"/> Assistant Coach                      <input type="radio"/> Tournaments</p> <p><b>Please Note:</b> 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 <b>required</b> bi-annually and is for the protection of our players. We are only concerned with baseball coaching and youth related items.</p>	<p><b>WMBA does not provide batting helmets as part of the team equipment.</b></p> <p><b>Payment <u>MUST</u> accompany registration form. Spots will not be held for players unless payment is made.</b></p>	<p>For Office Use Only:</p> <p>Fee: _____</p> <p>Cheque: _____</p> <p>Cash: _____</p>
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**\*\*Requests for special accommodations will be evaluated on a case by case basis and may not be honoured\*\***