



# West Mountain Baseball Association

Established 1980  
 www.wmbacougars.com  
 c/o P.O. Box 60586  
 Mountain Plaza Postal Outlet  
 661 Upper James St.  
 Hamilton, ON L9C 7N7

## Registration Fees for the 2024 Baseball Season

PLEASE NOTE: Players must register in their "year of birth" division  
 Cheques are payable to West Mountain Baseball  
 \$10 service charge for NSF cheques

**Prices in effect until December 31, 2024**

Year of Birth	Division	Fee	Year of Birth	Division	Fee
2006-2008	<input type="checkbox"/> 18U	\$265.00	2013-2014	<input type="checkbox"/> 11U	\$200.00
2009-2010	<input type="checkbox"/> 15U	\$220.00	2015-2017	<input type="checkbox"/> 9U	\$190.00
2011-2012	<input type="checkbox"/> 13U	\$210.00	2018-Apr 2020	<input type="checkbox"/> TBall	\$110.00

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**

<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  <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>Payment <u>MUST</u> accompany registration form. Spots will not be held for players unless payment is made.</b></p>
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**Requests for special accommodations will be evaluated on a case by case basis and may not be honoured. Due to the overwhelming number of requests, you may be asked to volunteer to help assist on a team.**

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)

**Refund Policy**

**All refunds will be subject to a \$25 administration fee**

- 100% refunded if notified in writing by March 1, 2024, less the administration fee
- 50% refunded if notified in writing by April 1, 2024, less the administration fee
- NO REFUNDS if notified after Evaluation day
- Any refunds due to an injury making the player ineligible to play will be handled on a case by case basis.

*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 Instagram: yes \_\_\_\_\_ no \_\_\_\_\_*

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

For Office Use Only:

Fee: \_\_\_\_\_ Cheque: \_\_\_\_\_ Cash: \_\_\_\_\_