**Crossfield Boys Minor Ball**

Player Registration Sheet for the 2015 Spring Season

**Player’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**See below**

**Birthdate:** Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Mother’s Information** | **Father’s Information** |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Medical Information**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Health #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Health Info (ie. allergies, asthma, diabetes): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Level | Age | Fee | Level | Age | Fee |
| Learn To Play | Up to 7 years old | $60.00 | Bantam | 2000-’01 (14-15 yrs) | $75.00 |
| Rookie | 2006-’07 (8-9 yrs) | $75.00 | Midget | 1997-’99 (16-18 yrs) | $75.00 |
| Mosquito | 2004-’05 (10-11 yrs) | $75.00 | Family Rate | 2 kids | $135.00 |
| Pee Wee | 2002-’03 (12 -13 yrs) | $75.00 | 3 or more | $190.00 |

* Fees include a Photo Memory Mate – no substitutions
* **A uniform deposit cheque of $125.00 is required, post-dated to July 1, 2015. This cheque will be exchanged for the assigned uniform at season’s end.**
* One registration form per player

**Please let me help out by:**

Coaching  Score Keep  Assistant Coach

Umpire  Manager

**LATE REGISTRATION DEADLINE**: March 31, 2015

Late registrations only ensure placement on a waiting list; your child’s placement will depend on roster space availability.

**REGISTRATION:** Due to fluctuation registration numbers, CBMB will do their best to place ALL players on a team, however CBMB reserves the right to limit the number of players per team and CANNOT guarantee spots to anyone.

**WAIVER**

In consideration of the benefits awarded to us by acceptance of this application, the undersigned agrees to hold and save harmless the Crossfield Boys Minor Ball Association and its officers, from any claim and/or injuries sustained by the participant during ball sessions or of the loss of property. The undersigned also hereby gives consent to any emergency medical procedures which may be deem necessary by a licensed medical practitioner as a result of this participant’s involvement in this activity.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNIFORM POLICY**

All uniforms are the property of Crossfield Boys Minor Ball (CBMB). The uniform will be given to registered players at the pre-season clinics, and will be in reasonable condition. Due to the high cost of replacement, it is necessary for each player to supply (CBMB) a post-dated cheque (July 01, 2015) for $125.00. Uniforms are to be returned to the coach prior July 01, 2015 or the cheque **will** be deposited into CBMB bank account to replace the uniform for the next season. Reasonable wear and tear is expected.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_accept this policy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name Signature/Date Witness Signature

**For Office Use Only**

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| **League Fees** | **Jersey Deposit** |
| Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cash  Cheque Cheque #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cash  Cheque Cheque #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |