

AGASSIZ BASEBALL ASSOCIATION Registration Form - Spring 2024

One form per player

SECTION 1: PLAYER INFORMATION - Please PRINT		
Name:	Birthdate: mm _____ dd _____ yyyy _____	Sex: M F
BC Care Card #	Completed MEDICAL form and copy of Care Card required	
Address		
City, Postal Code		
Father _____	Mother _____	
Home Phone _____	Home Phone _____	
Cell Phone _____	Cell Phone _____	
Work Phone _____	Work Phone _____	
email _____	email _____	

SECTION 2: DIVISON REGISTRATION INFORMATION - Winter Training and Spring Season (April to July)		
DIVISION BY BIRTH YEAR	COST	DESCRIPTION
TADPOLE - players born 2015 to 2017	\$115	Inter house play with no travelling. Season starts April 2024 with weekend practice and games.
MOSQUITO - players born 2013 to 2014	\$170	Spring season starts April 2024 with weekend or week day practice in Agassiz. Interlock play with some travelling for games.
PEEWEE - players born 2011 to 2012	\$180	Spring season starts April 2024 with weekend or week day practice in Agassiz. Interlock play with some travelling for games.
Total Fees:		Pay by e-transfer to agassizbaseball@gmail.com (include player name in memo), pay by cash, or by cheque made out to "Agassiz Baseball Association"

SECTION 3: VOLUNTEERING & UMPIRING		
<input type="checkbox"/> Coach	<input type="checkbox"/> Umpire-in-Chief	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Community
<input type="checkbox"/> Team Manager/Parent	<input type="checkbox"/> Umpire - plate/base (paid)	<input type="checkbox"/> Other: _____

SECTION 4 CONSENT
<input type="checkbox"/> I give my consent for the publication of my child's name, photograph and comments for ABA newsletters, website and/or other news and publication media.

I hereby relinquish and discharge any and all rights and potential claims against Agassiz Baseball Association (ABA), along with its affiliates, associates, agents, or representatives, arising from any injuries or losses incurred by me or my children in the course of participating in or related to the activities of said Association. Additionally, I acknowledge my responsibility in cases where a coach arranges prompt medical assistance in urgent situations or when parents and/or guardians are unreachable. I confirm the accuracy of the information provided above and grant consent for my child's participation in the ABA program.

Parent/Guardian (PRINT) _____	Parent/Guardian (Signature) _____	Date _____
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AGASSIZ BASEBALL ASSOCIATION

PLAYER'S MEDICAL HISTORY (to be completed by parent/guardian)

Important: Forms will remain sealed unless absolutely necessary. All information is treated with utmost confidentiality and securely shredded at the conclusion of the season.

Division (X one): Tadpole ___ Mosquito ___ Peewee ___ Indoor Training sessions _____

Player's name: _____ Birth date: D ___ /M ___ /Y ___ Sex: _____

Address: _____

Family Physician: _____ Phone: _____

BC Care Card #: _____ (Attach copy of card)

Parent/Guardian/Emergency Contact (in order of preferred contact):

1. Name: _____ Relationship: _____

Home phone: _____ Work: _____ Cell: _____

2. Name: _____ Relationship: _____

Home phone: _____ Work: _____ Cell: _____

Does your child suffer from (Y/N):

Asthma? ___ Diabetes? ___ Heart Disease? ___ Headaches? ___ Seizures? ___

Other? (describe): _____

Does he/she wear glasses? ___ Contacts? ___ Hearing aid? ___

List any major injuries in the last five years:

1. _____

2. _____

3. _____

Allergies: _____ Has Epi-pen? _____

Medications currently taking: _____

Date Completed: _____ Parent/Guardian signature: _____