Woodslee 2024 HOUSE LEAGUE REGISTRATION

Last Name		First Name			Male □ Female □	
Date of Birth		S	ichool			
Birth Registration Nu	ımber:		Gra	ıde		
Home Address						
Father's Name:			Mother's Name:			
Phone #:			Phone #:			
E-Mail:			E-Mail:			
Shirt size: (youth si	zes) Small □ Me	edium 🗆 Larg	e 🗆			
Division (please ched				Fee (subje	act to change)	
T-Ball 4-6 yrs (20		yrs (2018 – 202	020) \$50			
Rookie Ball Interlock 7-9 2017)			yrs (2015 –	\$75		
	*Be sure to in □ Cheque #		er's name and	team in the	comment box of the e-transfer.	
Date Paid		Woo	Woodslee Baseball Association Authorizing Signature			
Without the help of volunte appropriate box below:	ers, House League Ba		mation .		interested in helping? Check the	
Manager □ Coach □			Asst. Coach □		Umpire □	
participate in all league activ	ities. 17 We assume all ris re and agree to hold harm nee or any other cause, ex	sks and hazards inci less the league, orgo scept in the amount	dental to such parti anizers, sponsors, s covered by acciden	cipation, includ upervisors, parti ital and liability		
		Acki	nowledgme	nt		
the limited corporation (#51	e Woodslee Baseball Ass 3924). The volunteers bea	ociation is a limited	d corporation. All v		nelp or assist in any way, enjoy the protection of	