



Woodslee Baseball - Travel Teams Registration 2024

[Please Print]

Last Name	First Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	School	Grade	
Birth Registration Number:			
Home address:			
Father's Name:		Mother's Name:	
Phone #:		Phone #:	
E-mail:		E-mail:	

TRAVEL TEAMS		Paid by:
Division (please circle)	Fee	
7U 8U 9U (2017 2016 2015)	\$225	Cash <input type="checkbox"/>
10U 11U (2014 2013)	\$225	
12U 13U (2012 2011)	\$225	Cheque <input type="checkbox"/> # _____
14U 15U (2010 2009)	\$250	
16U 18U (2006– 2008)	\$250	E-transfer <input type="checkbox"/>
22U (2002 or later)	\$250	

E-transfer payments can be made to: woodsleebaseballassociation@outlook.com

***Be sure to include the player's name and team in the comment box of the e-transfer.**

Date Paid

Woodslee Baseball Association Authorizing Signature

Waiver

I / We (the parents/guardians) of the above named candidate for a position of a team as part of Woodslee Baseball Association hereby grant approval to participate in all league activities. I / We assume all risks and hazards incidental to such participation, including transportation to and from the activities and hereby waive, release, absolve and agree to hold harmless the league, organizers, sponsors, supervisors, participants and persons transporting my / our child whether the result of negligence or any other cause, except in the amount covered by accidental and liability insurance.

I grant consent to Woodslee Baseball Association to publish or display my child's photograph and/or video footage.

Acknowledgment

I hereby acknowledge that the Woodslee Baseball Association is a limited corporation. All volunteers who help or assist in any way, enjoy the protection of the limited corporation (#513924). The volunteers bear no personal liability for any injuries.

Date

Parent/Guardian Signature