



### BASEBALL LEAGUE REGISTRATION

Name: \_\_\_\_\_ (Print first and last)

Age (Going into grade 9 and above) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email : \_\_\_\_\_

Please indicate which league(s) you're participating in:

CO-ED 2-Pitch Baseball \$30.00/Player - Thursday 6:00pm-10:00pm (Beginning May 10)

Men's League Baseball \$30.00/Player - Tuesday 6:00pm-10:00pm (Beginning June 5)

I \_\_\_\_\_ (please print name) understand that participants will not be able to play in the NLA Baseball League until his/her waiver, registration form, and \$30.00 fee has been given to the Co-ordinator or the NLA Office by the deadline.

Deadline: **April 29, 2018** for free agents. (**May 3** for outside teams)

Payment options: e-transfer ([office@newlifepetrolia.com](mailto:office@newlifepetrolia.com), Cash, VISA, Debit, MC, Cheque)

<b>OFFICE USE ONLY</b>	
Registration Received by: _____	Date: _____
____ Registration Received	<div style="border: 1px solid black; padding: 5px;">           Total Cost: \$ _____             Paid By: _____            (Cash-Cheque-VISA-MC-Debit-E-trans-)         </div>
____ Fee Received	
____ Waiver Form Received	
____ Confirmation E-mail Sent	



**BASEBALL LEAGUE WAIVER FORM**

As a participant of the 2018 NLA Baseball League on Tuesday and Thursday nights, I \_\_\_\_\_ (*print name in full*) understand that under no circumstances will the Church Pastors, or Board of New Life Assembly Church be liable to me or to any other person for injuries, damages, or costs incurred by, or resulting, from any unauthorized actions on the part of any participant taking part in the NLA Baseball League.

I \_\_\_\_\_ (*print name in full*) understand that at any time during the Baseball season, there will be no consumption of alcohol and / or illegal substances on the leagues properties; if there is, it will result in being asked to leave if there is evidence of consumption. I will abide by the standards of NLA Baseball League, which is a family-centred organization where children can be present at any game. I understand there is no tolerance for profanities, and foul language, and will be removed from the properties at any time if I do not abide by these standards.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(IF 18YRS. OR UNDER, PARENT/GUARDIAN MUST SIGN ON PLAYERS BEHALF)*

Witness Name (*please print clearly*): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***EMERGENCY INFORMATION***

Family Doctor: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Please list any medical conditions/allergies/medications we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_