

INTERESTED IN PLAYING???



In the

**YORK REGION LADIES  
5<sup>TH</sup> ANNUAL**



**BASEBALL FOR BREAST CANCER  
Slo-Pitch Charity tournament**

**FRIDAY, AUGUST 14/09 FROM 6:00 p.m. – 11:00 p.m.**  
At Centennial Park (North and South Diamonds)

**SATURDAY, AUGUST 15/09 FROM 8:00 a.m. – 5:00p.m.**  
At Victoria Square

**ANYONE IS WELCOME –**

If you belong to a team or not. Come out as a full team from your league or as a single person and play with some new ladies.

**COST –**

\$40/person or \$450/team entry  
Teams of 12 players Min./15 players Max.

**WHERE –**

**Fri. Evening August 14/09** at Centennial Park, (NW corner of McCowan and Bullock Ave.) Drinks to follow at Shoeless Joe's (Hyw. #48, N of 16<sup>th</sup> Ave.)

**Sat. August 15/09** at Victoria Square Diamonds, (SW corner of Elgin Mills and Woodbine Ave.)

**ALL PROCEEDS SUPPORT:**



**TOGETHER WE CAN MAKE A DIFFERENCE!**

For more information please contact: Renee Toleck 905-887-4383: email [r\\_btoleck@hotmail.com](mailto:r_btoleck@hotmail.com)



# BASEBALL FOR BREAST CANCER TOURNAMENT

## 2009 REGISTRATION FORM

NAME: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MEDICAL ALERT: \_\_\_\_\_

SINGLE PLAYER ☐ \$40 PER PERSON TEAM REGISTRATION/ ☐ \$450.00 PER TEAM – ROSTER ATTACHED  
Min 12 players Max 15

NAME OF TEAM \_\_\_\_\_

PAYMENT METHOD: ☐ CASH ☐ CHEQUE (PAYABLE TO RENEE TOLECK) REC'D BY: \_\_\_\_\_ DATE: \_\_\_\_\_

### WAIVER AND DECLARATION OF HEALTH

In consideration of accepting my application for the Breast Cancer Tournament June 14-15, 2009, I hereby agree to

- Waive any claims, demands, actions or causes of action against the tournament organizers and its directors, officers, executive members, agents, umpires and any other person or organization for whom it is responsible in law to which may become entitled in law or equity
- Release the TOURNAMENT ORGANIZERS from any claims, demands or actions or causes of action to which I may become entitled in law or equity arising out of or resulting from any loss, injury or damage to my person or property while I am participating in the slow pitch tournament or while I am traveling to or from a game of any event sponsored by the TOURNAMENT ORGANIZERS
- Indemnify the TOURNAMENT ORGANIZERS from any claims or demands in law or equity which may arise or result from any intentional or negligent conduct on my part
- Declare that I am in proper physical condition to play slow pitch baseball, that I am not pregnant and in the event that I become pregnant I will inform my captain and will refrain from any further participation
- State that I am aware that playing slow pitch baseball may result in physical injury to me
- Declare that I have reviewed the rules and by-laws of The TOURNAMENT ORGANIZERS and will abide by them

I have carefully read and understood this Waiver and Declaration of Health and agree that it forms part of my TOURNAMENT ORGANIZERS registration and that it is binding upon me in accordance with its terms

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