



REGISTRATION FORM

Belleville Amateur Baseball Association
www.bellevillebaseball.com
Email: bababucs@live.ca
Facebook: Belleville Baseball
613-243-6866

Division

- T-ball Night: _____
- Rookie
- Mosquito
- Peewee
- Bantam
- Midget

Player Information – Please print legibly

Name: _____ Birthdate: _____ / _____ / _____
Day Month Year

Address: _____
No. Street City Postal Code

Main Phone: _____ Alternate Phone: _____

Email: _____ Gender: M F

Parent Name: _____ Siblings Playing in same division _____

Shirt Size: _____ Youth or Adult (circle one)

Previous Baseball Experience: Previous Division: _____ Years Played: _____

Can you....

Coach or Assist: _____ Sponsor: _____
Name Business

Terms and Conditions/Waiver

The Belleville Amateur Baseball Association (herein referred to as BABA) will attempt to accommodate all interested players. Registration, however, cannot be guaranteed as it is limited and on a "first come, first serve" basis. No player shall move to the next division unless one of the following is met. Has played 2 years in the previous division (3 if child is in rookie) or birth year has been reached. The child who requests to move up early will also only do so if there is room on a team. BABA reserves the right to move players among teams for the purpose of balancing skill level and ensuring competitive play. Players must wear BABA issued uniforms. Some parts of the uniform may need to be supplied by the player, but must conform to BABA standards. Absolutely no shorts are allowed. A jock strap or jill strap are mandatory. It is the parent/guardian's responsibility to ensure that the player is in good health and has medical coverage. Returned cheques will result in a \$25 charge. **Cancellation before May 1st will be subject to a \$25 fee. No refunds after April 30th.** Registrants will not be registered for the upcoming season if there are any outstanding fees from previous years.

In consideration of my granting permission for my child (player named above) to join the BABA and play baseball therewith, on behalf of myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the BABA, its league executive officers, successors and volunteers from all costs, claims, actions, damage, or liabilities, whatever their nature or however caused, resulting from participation of the player in any activities of the BABA, Permission is hereby granted to the BABA and its volunteers to seek medical and/or hospital care for my child if and when such case is deemed necessary.

By signing below, I agree to all terms and conditions as indicated above.

Parent or Guardian Signature: _____ Date: _____

To be completed by BABA official – CHEQUES PAYABLE TO BABA

Fee Paid \$ _____ Cash Cheque # _____ E-transfer

For E-Transfer - child's name in message and use the password - baseball

BABA Official _____ Date _____

