

Chesley Minor Ball Association Registration

Please Print

Player Name: _____ Male: _____ Female: _____
Physical Address (not RR): _____ Town: _____
If applicable Twp.: _____ Lot: _____ Conc.: _____ Birth Date: (DD/MM/YYYY) _____
Distance to Chesley Community Centre: _____ km. Year / Centre where you last played: _____ / _____
Parent(s) or Guardian(s) _____ Home: _____ - _____ - _____
Cell: _____ - _____ - _____ Name: _____ Cell: _____ - _____ - _____ Name: _____
Business Phone: _____ - _____ - _____ Name: _____ E-mail: _____
Business Phone: _____ - _____ - _____ Name: _____ E-mail: _____

Player Medical Information

Person to contact in case of emergency, if parents not available:

Name: _____ Home: _____ - _____ - _____ Cell: _____ - _____ - _____

Birth Certificate: If this is the first time the player is registering with Chesley, a copy of birth certificate must be provided.

Family Doctor: _____ Phone: _____ - _____ - _____

Family Dentist: _____ Phone: _____ - _____ - _____

Last Tetanus Booster: Less than 3 years ago _____ 3-5 years ago _____ More than 5 years ago _____

Medication taken regularly: _____

Does your child have any health related problems that would interfere with their participation in a full baseball program? Please give details: _____

I understand that it is my responsibility to keep the team management advised of any change in the above information and that in the event no one can be contacted, team management may admit my child to hospital, if necessary. Parent/Guardian Initial: _____

I hereby authorize the physician and nursing staff of any EMERGENCY UNIT to undertake examination, investigation and necessary treatment of my child. Parent/Guardian Initial: _____

Anyone interested in assisting Chesley Minor Ball, please checkmark the following, as applicable:

Coach: _____ Manager: _____ Assistant Coach: _____

I hereby declare that I will not hold Chesley Minor Ball Association Inc., Coaches, Managers, or executive responsible for any accident or loss that may occur during my child's participation in the aforementioned program and that I will abide by the constitution of C.M.B.A. **Parent/Guardian Initial: _____**

Notes:

1. Please make cheques payable to Chesley Minor Ball Association.
2. A late registration fee may be assessed after the final registration date.
3. Registration fees must be paid at the time of registration. Early registration is required to qualify for last season's fees. Please don't hesitate to advise if you require a payment plan.
4. Each parent/guardian accepts the responsibility for provision of rides to and from games.
COACHES ARE NOT RESPONSIBLE FOR TRANSPORTATION.
5. A parent/guardian must accompany their child to registration.
6. Uniforms must be returned by parent/guardian or you will be billed the current replacement cost.

Signature: _____ Date: _____

Information collected will be kept in strictest confidence and will not be shared beyond Chesley Minor SoftBall / W.O.A.A. affiliates