



# WOODSLEE BASEBALL REGISTRATION FORM

## T-BALL 2025 (BIRTH YEAR 2019-2021)

Full Name:

Date of Birth:

Address:

Birth Registration Number:

School:

Grade:

Age:

Gender:

Father's Name:

Phone & E-mail:

Mother's Name:

Phone & E-mail:

SHIRT SIZE: S M L

**FEE TO BE PAID \$50**

**E-TRANSFER PAYMENTS - WOODSLEEbaseballassociation@outlook.com**

**BE SURE TO INCLUDE PLAYERS NAME AND T-BALL DIVISION IN COMMENT SECTION**

☐ CASH

☐ CHEQUE

☐ E TRANSFER

### 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 for Woodslee Baseball Association to publish or display my child's photograph and / or video footage.

### ACKNOWLEDGEMENT

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:

Date Paid:

Woodslee Baseball Association Authorizing Signature:



# WOODSLEE BASEBALL REGISTRATION FORM

**ROOKIE INTERLOCK 2025 (BIRTH YEAR 2016-2018)**

Full Name:

Date of Birth:

Address:

Birth Registration Number:

School:

Grade:

Age:

Gender:

Father's Name:

Phone & E-mail:

Mother's Name:

Phone & E-mail:

SHIRT SIZE:      S      M      L

**FEE TO BE PAID \$100**

**E-TRANSFER PAYMENTS - WOODSLEEbaseballassociation@outlook.com**

**BE SURE TO INCLUDE PLAYERS NAME AND ROOKIE DIVISION IN COMMENT SECTION**

☐ CASH

☐ CHEQUE

☐ E TRANSFER

## 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 for Woodslee Baseball Association to publish or display my child's photograph and / or video footage.

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Date:

Parent/Guardian Signature:

Date Paid:

Woodslee Baseball Association Authorizing Signature: