

## WOODSLEE BASEBALL REGISTRATION FORM T-BALL 2025 (BIRTH YEAR 2019-2021)

Full Name:	1.3	Date of Birth:					
					=		$\Box$
Address:		Birth	Regi	stration	Num	ber:	_
School:		Grade	:	Age:	Ge	ender:	
Father's Name:		Phon	e & l	E-mail:			
Mother's Name:		Phon	e & I	E-mail:			
S	HIRT SIZE:	S	М	L			
FEE TO BE PAID \$50							
E-TRANSFER PAYMENTS - BE SURE TO INCLUDE PLAY							
☐ CASH	CHEQ				RANSF		
WAIVER							
I/we (the parents/guardians) of the above hereby grant approval to participate in a including transportation to and from the organizers, sponsors, supervisors, participather cause, except in the amount covered to publish	all league activities. I/W e activities and hereby pants and persons tran	e assume waive, rel Isporting lity insura notograph	all risk: ease, al my/ ou ince. I p and / d	s and hazard osolve and a r child whet grant consei	Is inciden gree to he her the re nt for Woo	tal to such participati old harmless the leagu esult of Negligence or	on, ue, any
I hereby acknowledge that the Woodslee Ba enjoy the protection of the limited C							y way,
Date:		Parer	it/Gi	uardian	Signa	ture:	
Date Paid:		Woods Signat		aseball A	ssociat	ion Authorizing	



## 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						
	DSLEEBASEBALLASSOCIATION@OUTLOOK.COM IAME 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						
	y my child's photograph and / or video footage.  ACKNOWLEDGEMENT					
I hereby acknowledge that the Woodslee Baseball As	ssociation is a limited Corporation. All volunteers who help or assist in any way, tion (#513924). The volunteers bear no personal liability for any injuries.					
Date:	Parent/Guardian Signature:					
Date Paid:	Woodslee Baseball Association Authorizing Signature:					