

Early Bird Discount (\$25) Y N Uniform Cheque \$80
AGM discount (\$25) Y N Bond Cheque \$150
Registration Fee Total: \$ Cheque Date: _____, 2020

For WBMBA use only:
Player Registration # _____
Date of Registration: _____
Division: _____

WASAGA BEACH MINOR BASEBALL ASSOCIATION 2020 REGISTRATION FORM

Player Information: Name: _____ Male Female

Date of Birth: _____ School Name: _____

Player's Health Card #: (mandatory) _____

Check here if **NO** known
Medical Conditions or
Medications:

List player's medical conditions and medications:

Parent / Guardian Information: Primary Contact Name: _____

Primary Phone #: _____ Relationship to player: _____
(Mother, Father, Legal Guardian, etc.)

Primary Address: _____
(Street, town, postal code)

Primary E-mail Address: _____

Secondary Contact Name: _____

Secondary Phone #: _____ Relationship to player: _____
(Mother, Father, Legal Guardian, etc.)

Secondary Address: _____
(Street, town, postal code)

Secondary E-mail Address: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Emergency Contact is: Same as primary/secondary contact info listed above.
(Please check one)

Aunt/Uncle

Grandparent

Family Friend

Other (specify): _____

EMERGENCY CONTACT INFORMATION POLICY

The provision of emergency contact information is to ensure that WBMBA can appropriately contact someone other than the primary contact provided above, should the registered player require emergency medical attention. The WBMBA/SSMBA policy is that a parent and/or guardian must be present at all times when the player is on the playing field. If you are unable to comply with this policy, you must inform your child's coach in writing. In these instances, the primary, secondary and emergency contact listed above may be contacted should an accident occur in your absence. If you cannot be reached, WBMBA and the coaching staff will contact medical support, through the "911 operator", should the situation warrant it. The player's safety and well-being is first and foremost to our organization and every attempt will be made to ensure this on and off the field. As the parent or legal guardian of

(player's name): _____, I understand and give permission to Wasaga Beach Minor Baseball Association Inc. (in the event of my absence) to have the above named player transported to a medical facility deemed appropriate by the attending person at the playing field.

Signed: _____ (Parent/Guardian)

Date: _____

Note: The Early Bird Registration Discount of \$25 applies to all registrations before March 1st

Registration Details: Select the division you are registering for

- T-Ball (Registration fee \$150; Born 2015 – 2017)
**T-Ball Players must be 3yrs by May 1, 2020.*
- U7 (Registration fee \$195; Born 2013 – 2014)
- U9 (Registration fee \$195; Born 2011– 2012)
- U11 (Registration fee \$215; Born 2009 – 2010)
- U13 (Registration fee \$235; Born 2007 – 2008)
- U15 (Registration fee \$245; Born 2005 – 2006)
- U18 (Registration fee \$265; Born 2002 - 2004)
- U11 SELECT (Registration Fee \$430; 2009 – 2010) [NO Early registration Discount]

Uniform Sizing	
Jersey:	<input type="checkbox"/> Youth <input type="checkbox"/> Adult
<input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
<hr/>	
Pants:	<input type="checkbox"/> Youth <input type="checkbox"/> Adult
<input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
<hr/>	
Ball Cap: size: _____	
.....	
(name printed on back)	

BASEBALL EXPERIENCE:

Has your child played organized baseball before? NO YES (last year played?) _____ If YES...

How many total years played? _____ WB MBA member in the past? YES NO

Circle divisions played? T-ball U7(Jr.Rookie) U9(Sr.Rookie) U11(Tyke) U13(Pee Wee) U15(Bantam)

Has your child ever participated in our indoor winter clinics?: NO YES

Would you have interest in future indoor clinics?: NO YES

COACHING EXPERIENCE: Can anyone in your family help Coach your child's Team? Yes No
If YES...What Coaching Experience might you have: _____

Payment Information:

Payment method: Cheque (Payable to: W.B.M.B.A.) Cash _____ + _____
(Initialed by registrant & WB MBA recipient)

General registration fee	\$ _____
Fundraising Fee (\$25)	\$ _____
<u>Less:</u> AGM discount (\$25)	\$ - _____
<u>Less:</u> Early Registration Discount (\$25)	\$ - _____ [not applicable to U11Select registrations]

Amount Paid: \$

Bond Cheques:

- Uniform bond cheque of \$80 is postdated to August 31, 2020
- Bond hours cheque of \$150 (per family) is postdated to August 31, 2020

Both postdated bond cheques are returned to you at the year-end banquet upon the return of the uniform pants only and the successful completion of your required bond hours.

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Bond Hour Requirements:

- Each team will have a pre-determined listing of bond jobs that require equitable participation by all parents to fulfill. Examples of duties are: Team coach/asst. coach; cage helper; team parent rep; scorekeeper; pitch counter; reporter (Facebook / WBMBA website); member of the WBMBA executive committee.
- If WBMBA will host any tournaments as primary fundraising efforts, each team will be given a signup sheet for the team to fulfill a required block of volunteer time at these events.
- Bond hour duties are assigned/confirmed by the coaching staff during the first few practices, and the confirmation of “equitable participation by all families” is determined by the head coach and parent rep for each team, and confirmed with the WBMBA executive committee at the end of the season.

BOND HOUR OPT-OUT: **I do not wish to participate in bond hours** for the 2020 season. As such, I understand and acknowledge that my bond cheque will be cashed together with my registration cheque.

Signed _____(Parent/Guardian) _____
WB MBA initials

MEDIA WAIVER:

I _____, am the parent/legal guardian of the applicant and I consent to the use of his/her name, likeness or photography by the WBMBA or SSMBA for advertising or publicity purposes, without compensation. I acknowledge that the applicant will be engaging in activities that involve risk of injury, as a result of his/her actions, inaction or negligence and/or the actions, inaction or negligence of others. I assume all risk and accept all responsibility for any damages, which result from the applicant’s participation in the WBMBA / SSMBA. I release and hold harmless the WBMBA / SSMBA, it’s agents, employees and volunteers from any and all actions, claims, damages, demands or actions arising from or in any way connected with the applicant’s participation in any activity of the WBMBA/SSMBA. I also agree that any unsportsmanlike conduct by the applicant or myself will result in the permanent dismissal from the WBMBA, without refund.

FAIR PLAY AND ZERO TOLERANCE TO NEGATIVITY ON & OFF THE FIELD AT ALL TIMES RULING:

The WBMBA executive committee members are committed to ensuring a pleasant experience for all players. Healthy competition is encouraged, but must be without negativity. This policy requires all players & parents be respectful of one another, to demonstrate good sportsmanship, and to understand the appropriateness of their words and actions to one another. As we begin play this year, we expect all players & parents to abide by this zero tolerance policy. Should any anyone’s conduct or behavior be deemed inappropriate or not compliant to this policy by either the umpires, WBMBA/SSMBA members/executives; and/or the team supporters, you will be asked to leave. Having read this information, I _____(Parent/Guardian) and _____(Player) understand that our conduct is our responsibility and should it be determined we have acted inappropriately, We will be asked to leave the playing area. Failure to comply may result in WBMBA not allowing any further participation of any kind. **I also understand the WBMBA reserves the right to void my registration without refund should this problem persist.**

Signature: _____(Parent/Guardian)

Notes/Comments

WASAGA BEACH MINOR BASEBALL ASSOCIATION INC. WAIVER FORM

I undersigned, certify that the information contained on the registration form to be true and consent to the player (Name below) participation in the baseball program offered by Wasaga Beach Minor Baseball Association (WB MBA) within the South Simcoe Minor Baseball Association. I further agree to abide by and be subject to the Constitution, BY-Laws, Regulations, Rules and Decisions of the WB MBA, the South Simcoe Minor Baseball Association, Baseball Canada and the Ontario Baseball Association. I am aware that copies of these Rules and Regulations are available to me from the WB MBA upon request only in writing.

I, the undersigned, agree to abide by the following conditions as set out by the WB MBA:

- A) The WB MBA reserves the right to refuse any persons admission into the WB MBA.
- B) The WB MBA adheres to the age classifications system as outlined and approved by SSMBA.
- C) As the WB MBA is affiliated with the SSMBA each player's name will appear on the rosters as submitted to the SSMBA.
- D) All registrants must provide the WB MBA with a true copy of their Health Card Information, at the time of registration.
- E) Players will, at all times, on and off the field/in all centers within the SSMBA and at all tournament play resulting from their membership with WB MBA, conduct themselves in a sportsmanlike manner. Infractions of the rules may result in the player being asked to sit a game/or number of games as outlined by WB MBA and SSMBA.
- F) All loaned uniform items, as well as equipment designated or purchased by the WB MBA, remain the property of the WB MBA unless otherwise purchased from the WB MBA by the player or his/her family. Uniform Bond Cheque(s) of \$ 80.00 will be cashed by WB MBA after the Banquet date, should you not return the uniform pants given to your child for use during the ball season, without exception.
- G) All players must wear athletic supports with cups (Jock or Jill), approved C.S.A. baseball gloves and other equipment provided by the WB MBA used in the course of regularly scheduled games/s within the WB MBA and the SSMBA. Any and all equipment worn on the field of play within the SSMBA must be used in accordance of the rules and regulations as outlined by the SSMBA.
- H) The responsibility of transportation of players to and from the games and practices, is the sole responsibility of the parents/or guardian, under the direction of the team coach or designate.
- I) At no time will my child be left alone at the park without having completed the appropriate paperwork (providing all emergency contacts and medical information) and having notified my child's coach of my departure/absence. I understand that by leaving my child at the game field, I assume any and all responsibility for my child/children's well being.
- J) All Bond Hours must be completed before the last seasonal game of play, in order for bond hours to be deemed complete as per WB MBA. If not complete your bond cheque will be cashed.

I certify that I have read, understand and declare my agreement with the foregoing declaration.

Signed: (Parent/Guardian)

Date:

Player's Name: _____