

ALVINSTON MINOR BALL REGISTRATION FORM



Player's Full Name: _____

Gender: M / F Date of Birth (month/day/year): _____

Parent/Guardian Name(s): _____

Phone: (Home): (____) _____ (Cell): (____) _____

Address: _____

E-mail address: _____

Player's Division (Age): Please circle one

Fastball: T-Ball (4-6) 4-Pitch (6-7) Mite (8-10) Squirt (11-12) Pee Wee (13-14) Bantam (15-16)
Midget (17-19)

Hardball: Rookie Ball (7-9) Mosquito (10-11) Pee Wee (12-13) Bantam (14-15)

*Alvinston Minor Ball Association reserves the right to arrange players on teams in an effort to ensure the most equitable and competitive balance of play possible.

PHOTOGRAPHY/VIDEO CONSENT

I hereby authorize Alvinston Minor Ball Association to use, reproduce, and publish photographs and/or video taken of my child throughout the season. I understand that this material may be used without compensation in various publications, public news releases, advertisement/recruitment materials, etc., and may appear on the Alvinston Minor Ball website and Facebook page. Alvinston Minor Ball Association may publish materials, use my child's name, photograph, and/or make reference to him/her in a manner that Alvinston Minor Ball deems appropriate in order to promote/publicize the association.

PARENT/GUARDIAN SIGNATURE

For Alvinston Minor Ball Association use only:

Received: Birth certificate Post-dated uniform cheque Medical release form

Registration payment of \$_____ received on: Mar. 4/17 Mar. 11/17 Mar. 25/17 Other: _____

Method of Payment: Cash Debit Cheque # _____