



GRIMSBY AMATEUR BASEBALL ASSOCIATION

P.O. Box 11, Grimsby, ON L3M 4G1

info@grimsbybaseball.ca



REGISTRATION DATE & LOCATION

Saturday February 4, 2012 & Saturday February 11, 2012
10 a.m. to 3 p.m.
Grimsby Seniors Centre - 18 Livingston Ave, Grimsby

PLAYER INFORMATION

Player: First Name	Last Name	Birth Date: mmm/dd/yy / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Player Address:		City:	Postal Code:
Phone:		Email:	
Shirt Size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL(youth/adult) <input type="checkbox"/> XXL <input type="checkbox"/> 4XL (adult only)		Pant Size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL(youth/adult) <input type="checkbox"/> XXL <input type="checkbox"/> 4XL (adult only)	
Mother/Guardian:	Phone:	Email:	
Father/Guardian:	Phone:	Email:	
Number of Years Played:		<input type="checkbox"/> Can/has played pitcher <input type="checkbox"/> Can/has played catcher	

DIVISION REGISTRATION

A player may play up a division but may not play down a division.
Divisions are subject to registration numbers. GABA reserves the right to reorganize divisions & age groups.
Photocopy of Birth Certificate must be presented for new registrations only.
Registration **MUST BE** paid in full before participation. **CASH OR CHEQUE ONLY**

Division	Birth Years	Registration Fee	(after February 29) Late Registration Fee
T-Ball	2005-2007	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
Atom	2003-2005	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Pewee	2000-2002	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Bantam	1997-1999	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Midget	1992-1996	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120

Call ups: If a coach from the division above your registered division requires a spare player for an occasional game would you be interested in playing an occasional game in the higher division? Yes No

COACHING

Coaches will be subject to Vulnerable Sector Screening.
GABA guarantees parents selected to coach will coach his/her child's team if requested.

<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach	Shirt Size: Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> 4XL
<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach	Shirt Size: Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> 4XL

PLAY WITH SIBLING

GABA guarantees siblings will play on the same team if requested.

Name of sibling(s) to play with:

PLAYER MEDICAL INFORMATION

Please provide information about any allergies or medical conditions that may interfere in the player's participation.

I understand it's my responsibility to provide GABA with any/all changes related to the players' health or welfare.

Date: _____ Parent/Guardian Signature: _____

FOR LEAGUE USE

Entered Birth certificate verified Cash Cheque# _____ Tax Receipt# _____

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OTHER SPECIAL REQUESTS

Due to the sheer volume of requests and to maintain fair team line ups, GABA **DOES NOT** guarantee **any** special requests other than those listed in previous sections. Teams will be arranged based on 1. Age, 2. Gender, 3. Experience 4. Any other special request(s). Special requests **WILL NOT** be accepted after the late registration fee date.

I understand GABA **DOES NOT** guarantee special requests however **if** it is possible I would like my to child play with:

Coach (name):

Player (name):

VOLUNTEERING & OTHER

GABA is only as strong as its membership. GABA's goal is to offer programs and events that promote and develop the love of the game for its athletes, officials and volunteers. To accomplish this goal we require your help and support. Please indicate below any special talents or interests you would be willing to participate in to achieve GABA's goal.

<input type="checkbox"/> Umpiring	<input type="checkbox"/> Facilities & Grounds	Other areas I/we can help in: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Concession Stand/Food Booth	<input type="checkbox"/> General Construction	
<input type="checkbox"/> Announcing Games	<input type="checkbox"/> General Clean Up	
<input type="checkbox"/> Opening Day	<input type="checkbox"/> Painting	Things I/we'd like to see GABA pursue <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Picture Day	<input type="checkbox"/> Equipment Committee	
<input type="checkbox"/> Tournaments	<input type="checkbox"/> Uniform Committee	
<input type="checkbox"/> Championship Day	<input type="checkbox"/> Sponsorship Committee	
<input type="checkbox"/> Other Special Events	<input type="checkbox"/> Registration Committee	
	<input type="checkbox"/> Publicity & Public Relations	

OTHER

Would you and/or your child be interested in participating in:

<input type="checkbox"/> Skills Clinic	<input type="checkbox"/> Umpiring Clinic	<input type="checkbox"/> Coaching Clinic	<input type="checkbox"/> Pitching/Catching Clinic
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WAIVER & CONDITIONS OF ACCEPTANCE

I/We the parent(s)/guardian of the above named player in the Grimsby Amateur Baseball Association (GABA), hereby give my/our consent for the above named player to participate in any and all GABA activities. If requested, I/we agree to return any uniform and/or other equipment issued to my/our child in as good a condition as when received (except for normal wear and tear).

I/We understand that my/our child's image may be used for publicity and public relation purposes.

I/We understand GABA is run by volunteers who volunteer their time to provide an activity for my child to participate in. I/We will be respectful and mindful of GABA's volunteers when making requests, comments or suggestions. I/We understand that GABA's initiatives are based for the betterment of the majority and not a chosen few.

I/We understand GABA strongly encourages Coaches to hold regular practices and hold the practice at a time when the Coach and a majority of players may participate. Practices are not mandatory. Coaches may require myself or other parent volunteers to assist with and/or ensure practices are available for my child.

I/We understand that participation in GABA activities may result in serious injuries and protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless, GABA, it's members, organizers, sponsors, coaches, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence, or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We have read, accepted and agree to abide by the GABA Polices and Procedures including the conduct guidelines as set forth in the GABA Codes of Conduct.

Parent(s)/Guardian Signature – (or Player over the age of majority)

Date