



LAST NAME: _____ **FIRST NAME:** _____

MALE / FEMALE: _____ **DOB:** _____

ADDRESS: _____ **TOWN:** _____

POSTAL CODE: _____

PARENT NAME(S): _____

PHONE NUMBERS: (CELL) _____ **(OTHER)** _____

EMAIL: _____

ALTERNATE CONTACT: NAME _____ **PHONE #:** _____

LEVEL	AGE OF CHILD	REGISTRATION FEES	UNIFORM DEPOSIT	FUNDRAISING PARTICIPATION DEPOSIT
RALLY CAP UP TO 7 YEARS OLD	_____	\$75	N/A	\$40
ROOKIE 8-9 YEARS OLD (2010-2011)	_____	\$130	\$75	\$40
MOSQUITO 10-11 YEARS OLD (2008-2009)	_____	\$145	\$75	\$40
PEE WEE 12-13 YEARS OLD (2006-2007)	_____	\$155	\$75	\$40
BANTAM 14-15 YEARS OLD (2004-2005)	_____	\$165	\$75	\$40
MIDGET 16-18 YEARS OLD (2001-2003)	_____	\$225	\$75	\$40

PLAYER MEDICAL INFORMATION SHEET

Please Circle The Appropriate Response

Yes	No	Previous history of concussions?
Yes	No	Fainting episodes during exercise?
Yes	No	Epileptic?
Yes	No	Wears glasses?
Yes	No	Lenses shatterproof?
Yes	No	Wears contact lenses?
Yes	No	Wears dental appliance?
Yes	No	Hearing problems?
Yes	No	Asthma?
Yes	No	Trouble breathing during exercise?
Yes	No	Heart conditions?
Yes	No	Diabetic?
Yes	No	Has had heart surgery in the past year?
Yes	No	Had injury in past year that required medical attention? (ie sprains, factures)
Yes	No	Wears a Medic Alert bracelet or necklace?
Yes	No	Does your child have any problems that would interfere with participation in the sport?
Yes	No	Is presently taking medications?
Yes	No	Allergies?

Please provide details if you have answered "Yes" to any of the above questions:

If there is an existing medical condition or injury problem, have you consulted your physician and informed them of your intentions to have your child participate in this sports program? YES _____ NO _____

WAIVER AGREEMENT

I understand that it is my responsibility to keep the team management advised of any changes in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to the hospital / MD if necessary.

I hereby authorized the physician and nursing staff to undertake examination, investigation, and whatever treatment may be deemed necessary for my child.

I also authorize the release of information to the appropriate people (coach, manager, physician) as deemed necessary.

I have read and fully understand this waiver agreement and any response to all questions on this form is as true and accurate as I know it to be.

Signature of Parent / Guardian: _____ Date: _____

Uniform deposit will be cashed *September 1, 2019* if the uniform is NOT returned (cleaned and in good shape).

VMBA FEES MUST BE PAID PRIOR TO STEPPING ON THE FIELD FOR THE SEASON. Please make cheques payable to: ***Vegreville Minor Baseball***

PARENT DECLARATION:

We give permission for our child to play in the Vegreville Minor Ball Association for the current season including practices, league games, and/or tournaments. We certify the validity of all the information contained herein. We will not hold the association, coaches, managers, officials or town responsible for any accidents. Registration with Baseball Alberta will include liability insurance.

Parent / Guardian Signature

We authorize VMBA permission to post pictures/video of my child, with and/or without their names on our website, in the newspaper, of Facebook or on any other social media.

YES _____ NO _____

Parent / Guardian Signature

Email Receipt _____ OR Paper Receipt _____

The VMBA is a volunteer organization designed to develop the baseball interests and skills of your child. Your support and involvement is important for a successful season. We ask that you consider where you can be involved and donate a little of your time to help make this season a positive experience.

Please indicate which position you will be willing to help with (check one).

We are looking for:

Secretary _____

Uniform Manager _____

Coach/Assistant Coaches/Team Manager _____ Division _____

If you have any questions please contact:

David Chau (President) 780-603-9138