

SOUTH BURNABY METRO CLUB

Baseball Registration

PO BOX 72022, 4429 KINGSWAY, BURNABY, BC V5H 4P9

SEASON: _____ REG. DATE: _____

DIVISION: _____ REG. FEE: _____

PLAYER INFORMATION (PLEASE PRINT)

BOY GIRL

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ SCHOOL: _____

BIRTHDAY: ____ / ____ / ____
Mon Day Year

VERIFICATION: _____

MEDICAL CONCERNS: NO YES IF YES (E.G. ALLERGIES, DIABETES, ETC.) _____

PREVIOUS TEAM: _____ PREVIOUS COACH: _____

OTHER SPORT COMMITMENTS: _____

MOM'S NAME - LAST: _____ FIRST: _____ PHONE: _____

MOM WILL SUPPORT PLAYER BY: COACHING ASSISTING MANAGING

CONCESSION OTHER: _____

DAD'S NAME - LAST: _____ FIRST: _____ PHONE: _____

MOM WILL SUPPORT PLAYER BY: COACHING ASSISTING MANAGING

CONCESSION OTHER: _____

NOTES: _____

I GIVE MY PERMISSION FOR THE PLAYER TO PLAY THIS SPORT FOR THE SOUTH BURNABY METRO CLUB (THE "CLUB"). I UNDERSTAND THAT THE CLUB RESERVES THE RIGHT TO REFUSE FURTHER PARTICIPATION FOR INFRACTIONS OF RULES OR POLICES OF THE CLUB OR LEAGUE.

PAYER'S FULL NAME: _____ PARENT'S SIGNATURE: _____

AMOUNT RECEIVED: _____ CASH _____ CHQ# _____

ELIGIBLE FEE AMOUNT: _____

AUTHORIZED CLUB SIGNATURE: _____