



**Mail-In or Drop Off Registration**  
(Cheque/Cash/Money Order Only):

**Payable to:**

**Alexander Park Baseball Association**

489 Dundurn St. South  
Hamilton, Ontario  
L8P 4M2

## HAMILTON DISTRICT BASEBALL ASSOCIATION REGISTRATION FORM – 2019 SEASON

### PLAYER FEES INFORMATION

<b>T-Ball:</b>	<b>\$75.00</b>
<b>Rookie Ball:</b>	<b>\$125.00</b>
<b>Mosquito:</b>	<b>\$160.00</b>
<b>Pee Wee:</b>	<b>\$170.00</b>
<b>Bantam:</b>	<b>\$180.00</b>
<b>Midget:</b>	<b>\$195.00</b>

Note: Players must register in their "Year of Birth" Division.

[www.alexanderpark.ca](http://www.alexanderpark.ca)

<b><u>Division</u></b>	<b><u>Year of Birth</u></b>	<b><u>Division</u></b>	<b><u>Year of Birth</u></b>	All participants will receive a hat, jersey and pants. (T-Ball participants receive jersey and hat).
Midget	2001, 2002, 2003	Mosquito	2008, 2009	
Bantam	2004, 2005	Rookie Ball	2010, 2011	
Pee Wee	2006, 2007	T-Ball	2012, 2013, 2014	

<b>Surname:</b>	<b>First Name:</b>	<b>Sex:</b>	<b>Birthdate (Y/M/D)</b> / /
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<b>Birth Registration No.</b>	<b>Telephone:</b>
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<b>Address:</b>	<b>City</b>	<b>Postal Code</b>
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<b>Mother/Guardian:</b>	<b>Father/Guardian:</b>
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<b>E-mail Address</b>	<b>NOTE: ALL "NEW" PLAYERS MUST SUBMIT A COPY OF THEIR BIRTH CERTIFICATE WITH THIS REGISTRATION FORM. THIS IS STRICTLY ENFORCED.</b>
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<b>Has this child any medical problems which should be recorded?</b> Yes _____ No _____	<b>Has this child ever played baseball in HDBA?</b> Yes _____ No _____
<b>If Yes, please indicate:</b>	<b>Last Association Played For</b>
	<b>*Note, a release may be required.</b>

*I, as parent or guardian of the above player, consent to my son/daughter playing in the H.D.B.A. Program. I assume all risks arising out of participation in the program and hereby waive the Hamilton District Baseball Association, the Alexander Park Baseball Association, the City of Hamilton and its organizers from any claims arising due to participation in the program. With this registration, parent(s) players join as members of the Hamilton District Baseball Association and agree to accept and abide by its rules and policies.*

**SIGNED:**

**DATED:**

### VOLUNTEER AND HELP US HELP YOUR CHILD PLAY BALL

Coaching \_\_\_\_\_ Park Executive \_\_\_\_\_ Tournaments \_\_\_\_\_

**2 HOUR (min.) VOLUNTEERING-SPECIAL EVENTS:** Opening/Closing Day/Tournament BBQs. Parents/Guardians assisting with BBQ cookouts & 50/50 sales. Participation is essential to our operations and for reaching fundraising goals in order to keep registration fees low. Look for our 'Special Events Sign Up' in the clubhouse!

Anyone volunteering in our organization to work with our players in any capacity may be asked to sign a "Consent to Disclosure" Form. Alexander Park may perform a background check with the assistance of our local police department. This is for the protection of our players. We are only concerned with baseball coaching and youth related items.

### OFFICIAL RECEIPT FROM ALEXANDER PARK BASEBALL ASSOCIATION (2019 TAX Year)

**Name of Player** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Alexander Park Minor Sports Association Official Signature:** \_\_\_\_\_