

KENTVILLE MINOR BASEBALL ASSOCIATION

c/o 1153 Milne Avenue, New Minas, Nova Scotia, B4N 4M8

2009 Registration Form

Player Information:

Name: _____ Date of Birth: __/__/____ Male ___ Female ___

Address: _____ Health Card No. : _____ Expiry: _____

_____ Postal Code: _____

Copy of Birth Certificate Attached : Yes _____ No _____

Player Level: Junior (19-21; \$235) _____ Mosquito (9-11; \$110) _____

Midget (16-18; \$235) _____ Rookie (5-8; \$70) _____

Bantam (14-15; \$160) _____ T-Ball (under 5; \$35) _____

PeeWee (12-13; \$140) _____

(Age of player for Baseball purposes is the age that the player will be on December 31,2009.)

Parent Information:

Parent No. 1 Name: _____ email: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Parent No. 2 Name: _____ email: _____

Phone (Home): _____ (Work): _____ (Cell): _____

I WISH TO HELP OUT WITH COACHING _____ CANTEEN _____

Medical Waiver: In case of any injury to my son/daughter named above and I/we are not present, I/we give Permission to any member of my child's coaching staff to take my son/daughter to the hospital or medical centre or physician's office and I/we consent to any recommended treatment.

Signed: _____ (Parent/Guardian)

Paid: Cheque _____ Cash _____ 2009 Tax Receipt issued: _____

Please describe any allergies or any other medical conditions that your child may have on the back of this paper.

Please visit our website <http://www.leaguelineup.com/kmb> for contact information and updates.