

**BLASTBALL REGISTRATION FORM 2019**  
**MITCHELL MINOR BASEBALL**  
**P.O. Box 431, Mitchell, Ont. N0K 1N0**

Player Name \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: (MM/DD/YY) \_\_\_\_\_

Address: Box No. \_\_\_\_\_ Street \_\_\_\_\_

Town: \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent Information: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

\* E-Mail Address: \_\_\_\_\_ Print Clear

Indicate if this is first year of blastball \_\_\_\_\_

<b>DIVISION</b>	<b>YR. OF Birth</b>	<b>Cost</b>
T - BALL/ SOCCER	2013, 2014, 2015	\$40.

**TOTAL FEE** \_\_\_\_\_

T-Shirt size – Childs X-Small \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_

**\$15. Late Fee after April 1/19 - No Refunds after April 15/19**

**\$30 Admin Fee for all Refunds**

**COACHES, UMPIRES, Volunteers, Sponsors Required**

I am interested in : Coaching \_\_\_\_\_ Asst. Coach \_\_\_\_\_

Parent Rep \_\_\_\_\_ Other \_\_\_\_\_ Website Manager \_\_\_\_\_

Advertising Minor Baseball team \_\_\_\_\_

**Blastball/ Soccer runs Wednesdays at 6:30 pm from May 22 to July 24 (10 weeks)**

**Comments or Request to be on same team as a friend or sibling**

\_\_\_\_\_  
**PARENTAL CONSENT TO PLAY: By my signature I acknowledge that Mitchell Minor Baseball Association has no liability for injury to the player named herein, however caused, whether such injury occurs during practise, competition or travelling to or from such practise or competition.**

**Parent Signature:** \_\_\_\_\_

Office use only: Date rec`d \_\_\_\_\_ Total payment received from \_\_\_\_\_

Cheque # \_\_\_\_\_ Cash \_\_\_\_\_ Received by (Minor Baseball Rep) \_\_\_\_\_

