

# MITCHELL MINOR BASEBALL REGISTRATION FORM 2019

P.O. Box 431, Mitchell, Ont. N0K 1N0

One Application Per Child

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

D.O.B.: (MM/DD/YY) \_\_\_\_\_

Box # \_\_\_\_\_ Street: \_\_\_\_\_ Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

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

\* E-Mail Address: \_\_\_\_\_ Mandatory –print clear please

Have any changes been made in address or email from last year (check one) Yes \_\_\_ No \_\_\_

**Birth Registration # (found on birth Certificate)**

Division	Year of Birth	Player Fee	Volunteer fee + \$20.	Total Fee	Tryout for Rep Indicate
Rookie House league	2011 – 2013	\$60.	_____	_____	_____
Minor. Rookie	2012 - 2013	\$100.	_____	_____	_____
Major Rookie	2010 – 2011	\$120.	_____	_____	_____
Mosquito	2008 - 2009	\$135.	_____	_____	_____
PeeWee	2006 - 2007	\$155.	_____	_____	_____
Bantam	2004 - 2005	\$175.	_____	_____	_____
Midget	2001 – 2003	\$175.	_____	_____	_____

PITCHING CLINIC MOSQUITO + PEEWEE \$20.

(April 1, 8, 15, 29) at the High School

Family Rate 3 or more children the first 2 pay regular rates All others 1/2 price

REP fee additional \$95. for Mosquito, Pee wee, Bantam, Midget (collected when REP teams are chosen)

All players Minor Rookie to Midget must supply own grey ball pants

Add Volunteer Fee which will be redeemed for a gift certificate of equal value. \$20. Per family

LATE FEE \$15. to apply AFTER APRIL 1/19 NO REFUNDS AFTER APRIL 15/19

\$30. Admin fee for all Refunds

All Players indicate hat size Youth \_\_\_ Adult-SM \_\_\_ Adult -LXL \_\_\_

I am interested in : Coaching \_\_\_ Asst. Coach \_\_\_ Manager \_\_\_ (Fill out coaches Application form)

Tournament help \_\_\_ TeamWebsite Scores \_\_\_ Parent Rep \_\_\_ Volunteer \_\_\_

Operating Kinsmen Park Scoreboard \_\_\_\_\_

My Child is interested in Umpiring (Name) \_\_\_\_\_

**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 practice, competition or traveling to or from such practice or game.

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

Date Rec'd \_\_\_\_\_ Total payment received from \_\_\_\_\_

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

