



**Antigonish Baseball Association
2018 Registration**

Player Information

Name _____ Birth Date _____

Address _____

Postal Code _____ Phone Number _____

Male Female Health Card # _____ Expiry _____

Allergies _____

Medical Conditions _____

Parent/Guardian Information

Name _____ Relationship _____

Email Address _____ Phone Number _____

Name _____ Relationship _____

Email Address _____ Phone Number _____

Division _____

Is your child interested in trying out for a rep team? Yes No (Rep teams are for divisions 11U and above)

For hygiene purposes, all players will be required to bring their own batting helmet to practices/games.

I acknowledge and understand that participation in baseball activities involves risk of personal injury. I accept that risk for my child. I agree and understand that the Antigonish Baseball Association or any of its volunteers, members, coaches or paid officials shall not be liable for any personal injury, death, loss of property or damage as a result of my child's participation. By signing below, I confirm that I have read, understand and accept the above conditions.

Medical Waiver – In case of any injury to my child and I am not present, I give permission to any member of the child's coaching staff to take him/her to the hospital and I consent to any recommended treatment.

Photo Release – I give permission for my child's photo to appear on the Antigonish Baseball Association and/or Nova Scotia Challenger Baseball social media sites and websites.

Parent/Guardian Signature _____ Date _____