



North Nova Highlander Baseball Registration

Player Information

Name _____ Birth Date _____

Address _____

Postal Code _____ Phone Number _____

Male Female Health Card # _____ Expiry _____

Allergies or other Medical Conditions _____

Parent/Guardian Information

Name _____ Relationship _____

Email Address _____ Phone Number _____

Name _____ Relationship _____

Email Address _____ Phone Number _____

Other information we need to know? _____

Division (please circle): 12U

Is your child interested in playing on a rep team? Additional fees would apply Yes
(Rep teams are for divisions 11U and above only) No

For hygiene purposes, all players will be required to bring their own batting helmet I consent
For 11U and above it is required that boys wear caps. It is recommended for girls. I do not consent
In 15U it is recommended that each player have their own wooden bat(s).

I acknowledge and understand that participation in baseball activities involves risk of I consent
personal injury. I accept that risk for my child. I agree and understand that the Antigonish I do not consent
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 I consent
to any member of the child's coaching staff to take him/her to the hospital and I consent to I do not consent
any recommended treatment.

Photo Release – I give permission for my child's photo to appear on the Antigonish I consent
Baseball Association and/or Nova Scotia Challenger Baseball social media sites and I do not consent
websites.

Parent/Guardian Signature _____ Date _____