

## CABA CANADA 2017 19U PLAYER REGISTRATION FORM

Name       Birthdate www.serven         Address       Age as of Dec 31 2017         City       Did you pirv baseball in 2016?       Yes   No         Province       If yes, league/division/team       Image: Participation in the second seco	PLAYER INFOR	MATION							
City       Did you play baseball in 2010?       Yes       No         Province       If yes, league/division/team	Name				Birthdate (MM/DD	/YYYY)			
Province       If yes, league/division/team         Province       If yes, league/division/team         Postal Code       Gender       Male         Community       Throws       Right       Left         Home Phone       Weight (pounds)       Image:	Address				Age as of Dec 3	1 2017			
Postal Code       Gender       Male       Female         Community       Throws       Right       Left         Home Phone       Height (feet and inches)       Image: Community       Image: Community         Email       Best Field Positions       Primary       Secondary         PARENT/GUARDIAN INFORMATION       Parent/Guardian #1       Parent/Guardian #2         Name       Home Phone       Home Phone       Image: Community         Cell Phone       Cell Phone       Email       Parent/Guardian #2         Name       Home Phone       Cell Phone       Email       Image: Community         Volunteer       Image: Coach       Volunteer       Image: Coach       Coach       Image:	City				Did you play baseball in 2016?		🗆 Yes 🗆 No		
Community       Throws       Right       Left         Home Phone       Weight (pounds)	Province				If yes, league/division/team				
Home Phone       Height (feet and inches)         Cell Phone       Weight (pounds)         Email       Best Field Positions       Primary Secondary         PARENT/GUARDIAN INFORMATION       Parent/Guardian #1       Parent/Guardian #2         Name       Name       Home Phone         Cell Phone       Cell Phone       Cell Phone         Email       Email       Cold Phone         Cell Phone       Cell Phone       Cell Phone         Email       Field Prep       Scorekeeper       Field Prep       Scorekeeper         MEDICAL INFORMATION       Provincial Health Care #       Emergency Contact       Allergies/Medical Issues       Relationship to Player         More thor activities from any claim arising out of any injury to my/our child barrels cABA CAMADA, contemburgy restrond on a CABA 15U team, hereby give my/our approval to participate in any and all team activities solvey, indemnity, and gree to hadmarks cABA CAMADA, contemburgy restrond on a form activities to players, and do hereby wake, release, above, indemnity, and agree to hadmarks cABA CAMADA, contemburgy restrond on all form activities for a my claim arising out of any injury to my/our child whether the result of regligence or for any other restrond and green or transporting my/our child whether the result of any contact and person's transporting my/our child whether the result of any contact and person's transporting my/our child whether the result of regligence or for any other restrond and person's transporting my/our child whether the result of regligence or f	Postal Code				Gender		🗆 Male 🗆 Female		
Cell Phone       Weight (pounds)         Email       Best Field Positions       Primary Secondary         PARENT/GUARDIAN INFORMATION       Parent/Guardian #1       Parent/Guardian #2         Name       Name       Home Phone       Cell Phone         Cell Phone       Cell Phone       Cell Phone       Cell Phone         Cell Phone       Cell Phone       Cell Phone       Cell Phone         Cell Phone       Cell Phone       Cell Phone       Cell Phone         Fmail       Email       Coach       Volunteer       Manager       Coach         Volunteer       Manager       Coach       Volunteer       Manager       Coach         Provincial Health Care #       Emergency Contact       Allergies/Medical Issues       Relationship to Player       Relationship to Player         Medication/Dosage       Phone Number       Phone Number       Phone Number       Phone Number         (1)Wes the participants, and pensent suspervise of any other cause.       Rold Allergies/Medical Issues       Relationship to Player midure and the rely wave, release, asobe, indemnify, and agne to hold hamies CABA CANADA, to anticipanta and projective and projective to any other cause.       Rold Cause of the participants, and pensent transporting midure and and team active and and anticipanta, and pensent transporting midure and antige ot any inpliny to midure and to negline scause, asobe, ind	Community				Throws		🗆 Right 🗆 Left		
Email       Best Field Positions       Primary Secondary         PARENT/GUARDIAN INFORMATION       Parent/Guardian #1       Parent/Guardian #2         Name       Name       Name         Home Phone       Cell Phone       Cell Phone         Cell Phone       Cell Phone       Cell Phone         Email       Email	Home Phone				Height (feet and inches)				
PARENT/GUARDIAN INFORMATION         Parent/Guardian #1         Parent/Guardian #2           Name         Name         Name         Name           Home Phone         Cell Phone         Cell Phone         Cell Phone           Email         Email         Email         Coach           Yolunteer         Initial Prep         Scorekeeper         Field Prep         Scorekeeper           MEDICAL INFORMATION         Provincial Health Care #         Emergency Contact         Allergies/Medical Issues         Relationship to Player           Medication/Dosage         Phone Number         Provincial Health Care #         Emergency Contact         Scorekeeper           10/10/2005/0000         Phone Number         Scorekeeper         Scorekeeper         Scorekeeper           20/10/2005/0000         Coach         Scorekeeper         Scorekeeper         Scorekeeper<	Cell Phone				Weight (pounds)				
Parent/Guardian #1         Parent/Guardian #2           Name         Name           Home Phone         Home Phone           Cell Phone         Cell Phone           Email         Email           Volunteer         Manager         Coach           Field Prep         Scorekeeper           MEDICAL INFORMATION         Provincial Health Care #         Emergency Contact           Allergies/Medical issues         Relationship to Player           Medication/Dosage         Phone Number           (1) We show that participation in baseball may result in serious injuries and protective equipment does not prevail to participate in any and all team activities for day injury to my/our child whether the result of registeres of normal wear and tear.           (2) Now a gree to roturn upon request the uniform and other equipment size to nayers, supervisor, supervisor, supervisor, supervisor, supervisor, and persons transporting my/our child whether the result of registere of normal wear and tear.           (3) Now a gree to provide proof legal ersidence or schale on ersident is dataged.           (4) We agree to provide proof legal ergenging to chark high be registere.           (5) We agree to provide proof legal ergenging to chark charkaba.           (6) We agree to provide proof legal ergenging to chark by public tear or schale or schale or schale or schale and binding.           (6) We agree to the following word or fead legalergenging to chark charkaba by contact end wheather equipment sugg	Email				Best Field Positions		Primary Secondary		
Name       Name         Home Phone       Home Phone         Cell Phone       Cell Phone         Email       Email         Volunteer       Manager       Coach         Field Prep       Scorekeeper       Field Prep       Scorekeeper         MEDICAL INFORMATION       Provincial Health Care #       Emergency Contact         Allergies/Medical Issues       Relationship to Player         Medication/Dosage       Phone Number         WWVER AND CONDITIONS       Industry and gree to player, and form the activities.         (1) We, he parents/guardians of the above-named candidate for a position on a CABA 19U team, hereby give my/our approval to participate in any and all team activities including transportation to and from the activities.         (2) We have that participation in taseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, above, indemutry, and agree to hold harmises CABA CAMADA, contract and sequence of roa my other cause.         (3) In case of emergency. WWe hereby autorize our culis to tertated by certified emergency persons, supervisors, participats, and persons transporting my/our child to and from activities.         (4) We agree to roture upon request the uniform and other equipment sued to my/our volter cause.       (3) nease of emergency. WWe hereby autorize our culis to participate in this call tases and that our child (candidate) must be eligible under the residence/school attendates and gree regulatros to the state and team.	PARENT/GUARDIAN INFORMATION								
Home Phone         Home Phone           Cell Phone         Email           Email         Email           Volunteer         Braid           Field Prep         Scorekeeper           MEDICAL INFORMATION         Provincial Health Care #           Provincial Health Care #         Emergency Contact           Allergies/Medical Issues         Relationship to Player           Medication/Dosage         Phone Number           WW         Phone Number           WW         Now that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnty, and agree to hold harmless CABA CANADA, Christental Baseball, the organizers, Sponsors, supervisors, participants, and do hereby waive, release, absolve, indemnty, and agree to hold harmless CABA CANADA, Christental Baseball, the organizers, Sponsors, supervisors, participants, and do hereby waive, release, absolve, indemnty, and agree to hold harmless CABA CANADA, Christental Baseball, the organizers, Sponsors, supervisors, participants, and do hereby waive, release, absolve, indemnty, and agree to hold harmless CABA CANADA, Christental Baseball           (3) nase of emergency, IWe hould harmless CABA CANADA, Christental Baseball may result in a spod condition s as when received except for normal wear and tear. Uniform double heat ful information or CABA CANADA. And provided to team managers.           (4) We agree to provide proof of legal residence or school enrolment and age as CABA CANADA. And agre school enrolment and age as CABA CANADA. Chrout f	Parent/Guardian #1				Parent/Guardian #2				
Cell Phone       Cell Phone         Email       Email         Volunteer       Manager       Coach         Field Prep       Scorekeeper       Field Prep       Scorekeeper         MEDICAL INFORMATION       Provincial Health Care #       Emergency Contact         Allergies/Medical Issues       Relationship to Player         Medication/Dosage       Phone Number         Medication/Dosage       Phone Number         (2) We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless CABA CANADA, Continental Baseball, the organizers, sponsors, participants, and persons transporting my/our child to bar treated by certified emergency personel. Medical information will be provided to team managers.         (3) Iw know that participation and other equipment issue to my/our child whether the result of negligence or for any other cause.         (3) Iw case of emergency, I/We hereby authorize our child to be treated by certified emergency personel. Medical information will be provided to team managers.         (4) Iwe agree to true upon request the uniform and other equipment issue to my/our child whether the result of all as good conditions as when received except for noral wear and tear. Uniform deposit is required and will be kept if uniform is not returned or is damaged.         (6) Iwe agree to the following use of personal information: CABA CANADA, to participate in this local League and thi fan y controversy arises regarding resi	Name				Name				
Email       Email         Volunteer       Manager       Coach         Field Prep       Scorekeeper       Field Prep       Scorekeeper         MEDICAL INFORMATION       Provincial Health Care #       Emergency Contact         Allergies/Medical Issues       Relationship to Player         Medication/Dosage       Phone Number         Wetret AND CONDITIONS       Provincial transportation to and from the activities.         (1) We how that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmises CABA CANADA. Continental Baseball, the organizers, sponsors, supervisors, participates and persons transporting my/our child to and from eterety authorize our child to be treated by certified emergency. We mergency. We hereby autivity courcil wild whether the result of negligence or for any other cause.         (3) In case of emergency. We hereby authorize uncledid to from a other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform doposit is required and will be kept if uniform is not returned or is damaged.         (4) We agree to the following use of personal information: CABA CANADA. I/See understand that our child conditatem managers.         (4) We agree to iterolide proof of legal residence or school enrolmest caADA ADA. Understand that our child condited must be legible under the residence/school attendance and age regulations of CABA CANADA. If We understand stark contrunit Basebabil Associtate, by envide to the CABA CANADA and bendi	Home Phone				Home Phone				
Volunteer       Manager       Coach       Volunteer       Manager       Coach         Field Prep       Scorekeeper       Field Prep       Scorekeeper         MEDICAL INFORMATION       Provincial Health Care #       Emergency Contact         Allergies/Medical Issues       Relationship to Player         Medication/Dosage       Phone Number         Wetrek AND CONDITIONS       Phone Number         01/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, abovie, infermity, and agree to hold harmiesc CABA CANADA, Continental Baseball, the organizers, sponsor, supervisors, participants, and persons transporting my/our child to and from attivities our claim of the reated by certified emergency. We understand the relevance or for any other cause.         (3) I was of nerregrency. We hereby authorize our child to be treated by certified emergency under the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform dopot is required and will be kept i uniformation: CABA CANADA, to participate in this local League and that if any controvery arises regarding residence/school attendance and age regulations of CABA CANADA, to participate in this local League and that if any controvery arises regarding residence/school attendance and age regulations of CABA CANADA, to participate in this local League and this if any controvery arises regarding residence/school attendance and age regulations of CABA CANADA or local affiliated website in a team administrators stores registration information you provide in a league (birdwata	Cell Phone				Cell Phone				
Field Prep       Scorekeeper         MEDICAL INFORMATION         Provincial Health Care #       Emergency Contact         Allergies/Medical Issues       Relationship to Player         Medication/Dosage       Phone Number         WWW, the parents/guardians of the above-named candidate for a position on a CABA 19U team, hereby give my/our approval to participate in any and all team activities.         (2) WW now that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless CABA CANADA. Continental Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to be treated by certified mergency personnel. Medical information will be provided to team managers.         (4) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform deposit is required and will be kept if uniform is not returned or is damaged.         (5) I/We agree to provide proof of legal residence or school enrolment and age as CABA CANADA. I/We understand that our child (candidate) must be eligible under the esidence/school attendance and age regulations of CABA CANADA and the local team administrators stores registration information you provide in a league registration adtabase for use by league executive, team managers and coaches, and evaluators. Information supplied on this form may be provided to the Continental Baseball Acon and the local team administrators stores registration information you provide in a league registration adtabase for use by league executive, team managers and co	Email				Email				
Provincial Health Care #         Emergency Contact           Allergies/Medical Issues         Relationship to Player           Medication/Dosage         Phone Number           Wetward         Phone Number           01 VWe, the parents/guardians of the above-named candidate for a position on a CABA 19U team, hereby give my/our approval to participate in any and all team activities including transportation to and from the activities.           (2) VWe know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolwe, indemnify, and agree to hold harmless CABA CANADA, Continental Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.           (3) In case of emergency, I/We hereby authorize our child to be treated by certified emergency personnel. Medical information will be provided to team managers.           (4) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform depositis required and will be kept funiform is not returned or is damaged.           (5) I/We agree to provide proof of legal residence or school enrolment and gea sc CABA CANADA. I/We understand that our child (candidate) must be eligible under the residence/school attendance and/or age, the decision of the CABA CANADA Ashalb for final and binding.           (6) I/We agree to the following use of personal information: CABA CANADA and the local team andininstrators	Volunteer	0			Volunteer	5			
Allergies/Medical Issues         Relationship to Player           Medication/Dosage         Phone Number           WAIVER AND CONDITIONS         Phone Number           (1) I/We, the parents/guardians of the above-named candidate for a position on a CABA 19U team, hereby give my/our approval to participate in any and all team activities including transportation to and from the activities.           (2) I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless CABA CANADA, Continental Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.           (3) In case of emergency, I/We hereby authorize our child to be treated by certified emergency personnel. Medical information will be provided to team managers.           (4) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform depositis required and will be kept if uniform is no treturned or is damaged.           (5) I/We agree to provide proof of legal residence or school enrolment and age as CABA CANADA. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of CABA CANADA, to participate in this local League and that if any controversy arises regarding residence/school attendance and/or age, the dcision of the CABA CANADA Ashall be final and binding.           (6) I/We agree to the following use of per	MEDICAL INFORMATION								
Medication/Dosage         Phone Number           WAIVER AND CONDITIONS         (1) I/We, the parents/guardians of the above-named candidate for a position on a CABA 19U team, hereby give my/our approval to participate in any and all team activities including transportation to and from the activities.           (2) I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless CABA CANADA, Continental Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.           (3) In case of emergency, I/We hereby authorize our child to be treated by certified emergency personnel. Medical information will be provided to team managers.           (4) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform deposit is required and will be kept if uniform is not returned or is damaged.           (5) I/We agree to provide proof of legal residence or school enrolment and age as CABA CANADA. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of CABA CANADA, to participate in this Local League and that if any controversy arises regarding residence/school attendance and age regulations of ABA CANADA and the local team administrators stores registration information nou provide in a league registration database for use by league executive, team managers and coaches, and evaluators. Information supplied on this form may be provided to the Continental Baseball rel	Provincial Health Care #			Emergency Con	tact				
WAIVER AND CONDITIONS         (1) I/We, the parents/guardians of the above-named candidate for a position on a CABA 19U team, hereby give my/our approval to participate in any and all team activities including transportation to and from the activities.         (2) I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless CABA CANADA, Continental Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.         (3) In case of emergency, I/We hereby authorize our child to be trated by certified emergency personel. Medical information will be provided to team managers.         (4) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform deposit is required and will be kept if uniform is not returned or is damaged.         (5) I/We agree to provide proof of legal residence or school enrolment and age as CABA CANADA. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of CABA CANADA, and the local teague and that if any controversy arises regarding residence/school attendance and/or age, the decision of the CABA CANADA shall be final and binding.         (6) I/We agree to the following use of personal information: WABA CANADA and the local team administrators stores registration information you provide in a league registration database for use by league executive, team managers and coaches, and evaluators. Information supplied	Allergies/Medical Issues				Relationship to Player				
<ul> <li>(1) I/We, the parents/guardians of the above-named candidate for a position on a CABA 19U team, hereby give my/our approval to participate in any and all team activities including transportation to and from the activities.</li> <li>(2) I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless CABA CANADA, Continental Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.</li> <li>(3) In case of emergency, I/We hereby authorize our child to be treated by certified emergency personnel. Medical information will be provided to team managers.</li> <li>(4) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform deposit is required and will be kept if uniform is not returned or is damaged.</li> <li>(5) I/We agree to provide proof of legal residence or School enrolment and age as CABA CANADA. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of CABA CANADA, to participate in this Local League and that if any controversy arises regarding residence/school attendance and age is of personal information: CABA CANADA and the local team administrators stores registration information nyou provide in a league registration database for use by league executive, team managers and coaches, and evaluators. Information supplied on this form may be provided to the Continental Baseball related matters. You and/or your child may appear on CABA CANADA is local affiliated website in a team or individual photograph, and you and/or your child's name may be mentioned in a journalistic story, however y</li></ul>	Medication/Dosage				Phone Number				
including transportation to and from the activities.         (2) I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and garee to hold harmless CABA CANADA, Continental Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.         (3) In case of emergency, I/We hereby authorize our child to be treated by certified emergency personnel. Medical information will be provided to team managers.         (4) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform deposit is required and will be kept if uniform is not returned or is damaged.         (5) I/We agree to provide proof of legal residence or school enrolment and age as CABA CANADA. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of CABA CANADA, to participate in this Local League and that if any controversy arises regarding residence/school attendance and/or age, the decision of the CABA CANADA shall be final and binding.         (6) I/We agree to the following use of personal information: CABA CANADA and the local team administrators stores registration information you provide in a league registration adapter age registrates as part of a team contact list. You may be contacted by telephone, electronic mail, or postal mail regarding baseball related matters. You and/or your child may appear on CABA CANADA or local affiliated website in a team or individual photograph, and you and/or your child's name may be									
	<ul> <li>including transportation to and from the activities.</li> <li>(2) I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless CABA CANADA, Continental Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.</li> <li>(3) In case of emergency, I/We hereby authorize our child to be treated by certified emergency personnel. Medical information will be provided to team managers.</li> <li>(4) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. Uniform deposit is required and will be kept if uniform is not returned or is damaged.</li> <li>(5) I/We agree to provide proof of legal residence or school enrolment and age as CABA CANADA. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of CABA CANADA, to participate in this Local League and that if any controversy arises regarding residence/school attendance and/or age, the decision of the CABA CANADA shall be final and binding.</li> <li>(6) I/We agree to the following use of personal information: CABA CANADA and the local team administrators stores registration information you provide in a league registration database for use by league executive, team managers and coaches, and evaluators. Information supplied on this form may be provided to the Continental Baseball</li> <li>Association, and affiliates of those entities for the purpose of submitting official team rosters or providing information for other playing opportunities. You contact information may be distributed to other league registrants as part of a team contact list. You may be contacted by teleph</li></ul>								
(or Player) Signature	Parent/Guard	ian			Date				

When completed and signed, you turn in your registration locally, or scan and email to cabacanada@zoho.com