



## CABA CANADA 2017 19U PLAYER REGISTRATION FORM

PLAYER INFORMATION			
Name		Birthdate (MM/DD/YYYY)	
Address		Age as of Dec 31 2017	
City		Did you play baseball in 2016?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Province		If yes, league/division/team	
Postal Code		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Community		Throws	<input type="checkbox"/> Right <input type="checkbox"/> Left
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		Home Phone	
Cell Phone		Cell Phone	
Email		Email	
Volunteer	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Field Prep <input type="checkbox"/> Scorekeeper	Volunteer	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Field Prep <input type="checkbox"/> Scorekeeper
MEDICAL INFORMATION			
Provincial Health Care #		Emergency Contact	
Allergies/Medical Issues		Relationship to Player	
Medication/Dosage		Phone Number	
WAIVER AND CONDITIONS			
<p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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 Association, and affiliates of those entities for the purpose of submitting official team rosters or providing information for other playing opportunities. Your contact information may be distributed to other league registrants 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 mentioned in a journalistic story, however your contact information will not be displayed on the website.</p> <p><b>(7) Players who are of legal age in their province of residence at the time of registration must sign and date waiver, and as such replace reference to parent/guardian with their own acknowledgment.</b></p>			
Parent/Guardian (or Player) Signature		Date	

CABA CANADA 19U PROGRAM

When completed and signed, you turn in your registration locally, or scan and email to [cabacanada@zoho.com](mailto:cabacanada@zoho.com)