



# 2012 Player Registration Form

**ALL PLAYERS - include Registration Fees and Late Fee (if applicable)**  
**NEW PLAYERS - also include legible copies of Birth Cert. & Care Card**  
 Mail to: PO Box 26080, West Kelowna, BC V4T 2G3  
 Or Register online at: WWW.WESTKELOWNABASEBALL.CA

|                                   |
|-----------------------------------|
| <b>Database (Office Use Only)</b> |
| Entered By: _____                 |
| Registration ID: _____            |

## SECTION 1 - PERSONAL INFORMATION

### Player Info

|  |                            |  |                     |   |
|--|----------------------------|--|---------------------|---|
| First Name _____                           | Last Name _____            | Date of Birth (yyyy-mm-dd) _____                         | BC CareCard # _____ | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address _____                              |                            | City _____   | Province _____      | Postal Code _____   |
| Best Phone for Notifications _____         | Best Alternate Phone _____ | Best Email Address for Notifications and Schedules _____ |                     |   |
| Allergies Coaches should be aware of _____ |                            | Medical Conditions Coaches should be aware of _____      |                     |   |

### Parent/Guardian Info

|                  |                 |                  |                  |                              |             |
|------------------|-----------------|------------------|------------------|------------------------------|-------------|
| First Name _____ | Last Name _____ | Home Phone _____ | Cell Phone _____ | Relationship to Player _____ | Email _____ |
| First Name _____ | Last Name _____ | Home Phone _____ | Cell Phone _____ | Relationship to Player _____ | Email _____ |

### Emergency Contact Info (Must be different than above)

|                  |                 |                  |                  |                              |
|------------------|-----------------|------------------|------------------|------------------------------|
| First Name _____ | Last Name _____ | Home Phone _____ | Cell Phone _____ | Relationship to Player _____ |
|------------------|-----------------|------------------|------------------|------------------------------|

## SECTION 2 - REGISTRATION

Returning Player  New Player \*  
 \* Photocopy of Birth Certificate and BC CareCard required

### Registration Notes:

- 1) The age group cutoff is January 1st of current year.
- 2) **Registration Deadline is March 15** - Player placement after this date can not be guaranteed.  
**A \$25 Administration Fee will apply to all Late Registrations!**
- 3) Make cheques payable to West Kelowna Minor Baseball Association (WKMBA). Post-dated cheques for Registration Fees will not be accepted. NSF fee of \$25.00 will be charged on all dishonoured cheques.
- 4) Players outside of WKMBA boundaries must provide a Release Form from their home association and require approval from both WKMBA and BCMBBA board of directors prior to registering.
- 5) Registration Fees for T-Ball & Tadpole will include a T-Shirt for the player to keep.
- 6) Registration Fees for Mosquito & up will include a NEW PAIR of BASEBALL PANTS, SOCKS and a HAT for the player to keep.

| Division                          | Age Group   | (Born In)   | Cost  |
|-----------------------------------|-------------|-------------|-------|
| <input type="checkbox"/> T-Ball   | 5 - 6 yrs   | (2005/2006) | \$85  |
| <input type="checkbox"/> Tadpole  | 7 - 8 yrs   | (2003/2004) | \$85  |
| <input type="checkbox"/> Mosquito | 9 - 10 yrs  | (2001/2002) | \$150 |
| <input type="checkbox"/> Peewee   | 11 - 12 yrs | (1999/2000) | \$175 |
| <input type="checkbox"/> Bantam   | 13 - 14 yrs | (1997/1998) | \$185 |
| <input type="checkbox"/> Midget   | 15 - 17 yrs | (1994/1996) | \$195 |

**Tournament Fees are not included!**

Special Registration Request and Reason (i.e. Car Pooling - Siblings)  
 \_\_\_\_\_

## SECTION 3 - PARENT VOLUNTEERING

The success of the WKMBA depends on family participation. Each family is required to volunteer for at least one Team Volunteering Position and we would really appreciate your commitment to an additional Association Volunteering Position. Team sponsors will appear on our web site, on team hats, and in the team name in any newspaper articles.

|  |                                       |                                     |   |   |
|--|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Scorekeeping | <input type="checkbox"/> Field Work | <input type="checkbox"/> Fundraising Assistance   | <input type="checkbox"/> WKMBA Executive          |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Team Parent  | <input type="checkbox"/> Concession | <input type="checkbox"/> Umpiring (Paid per Game) | <input type="checkbox"/> Team Sponsorship (\$300) |

## SECTION 4 - CONSENT

1) I hereby, for myself, my heirs, executors, administrators, and sponsors, waive and release any and all rights and claims that have or may arise against West Kelowna Minor Baseball Association, its affiliates, associates, agents, or representatives, for any and all injuries or losses suffered by me or my children while competing in or in connection with the program of said Association.

2) I will also assume responsibility if a coach secures medical assistance where speed is urgent or when parents and / or guardians cannot be contacted.

3) I have reviewed and agreed to the **WKMBA Player/Parent Code of Conduct** (available on our web site)

4) I have reviewed and agreed to the **WKMBA Web Site Policy** (available on our web site)

I hereby certify all the above information is correct and give consent for my child to take part in the West Kelowna Minor Baseball program.

Absolutely No Player Photographs on WKMBA Website

|                               |                                 |            |
|-------------------------------|---------------------------------|------------|
| Parent/Guardian (Print) _____ | Parent/Guardian Signature _____ | Date _____ |
|-------------------------------|---------------------------------|------------|

### Office Use Only

|  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> Form Rcvd Date: _____ | <input type="checkbox"/> Registration Fees \$ _____               | <input type="checkbox"/> Late Fee \$25                            | <input type="checkbox"/> New Player                                       | <input type="checkbox"/> Attached Forms |
| <input type="checkbox"/> Mailbox by: _____     | <input type="checkbox"/> CASH <input type="checkbox"/> CHQ# _____ | <input type="checkbox"/> CASH <input type="checkbox"/> CHQ# _____ | <input type="checkbox"/> Birth Cert. <input type="checkbox"/> BC CareCard | <input type="checkbox"/> Release Form   |
| <input type="checkbox"/> In Person by: _____   |   |   |   |   |