

# St. Catharines Minor Baseball Association

PO Box 21002~St. Catharines~Ontarion~L2M 7X2

[www.stcmb.goalline.ca](http://www.stcmb.goalline.ca)

## PLAYER APPLICATION AND INDEMNITY AGREEMENT

Circle Division:

TBALL      ROOKIE BALL      MOSQUITO      PEEWEE      BANTAM      MIDGET      JUNIOR

TRAVEL TEAM TRYOUT:      YES      NO      Travel Team surcharge will apply if selected      Divisions TBD

PITCHER:      YES      NO      BASEBALL EXPERIENCE (YEARS) \_\_\_\_\_

Shirt Size:      YXS      YS      YM      YL      YXL      AS      AM      AL      AXL

Pant Size:      YXS      YS      YM      YL      YXL      AS      AM      AL      AXL

**\*\*PARENT/PLAYER IS RESPONSIBLE FOR REPLACEMENT UNIFORM FOR INCORRECT SIZING**  
**\*\*REFUNDS MUST BE REQUESTED IN WRITING BEFORE JUNE 1 OF PLAYING SEASON**  
**\*\*\$25 SURCHARGE ON NFS CHEQUES**

Player's Name \_\_\_\_\_ Birthdate (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ Parent Name \_\_\_\_\_

- I, (Parent Name please print) \_\_\_\_\_, being a parent/guardian of the child named above, hereby:
1. GRANT PERMISSION for my child/ward to participate in the St. Catharines Minor Baseball Association Inc., and all activities associated therewith, assuming all risks and hazards incidental to such participation including transportation to and from such activities;
  2. AGREE to return upon request the uniform and other equipment issued to our child in as good a condition as when received except for normal wear and tear;
  3. WILL FURNISH a certified birth certificate of the above-named candidate to league officials (if requested);
  4. WARRANT AND REPRESENT that my child/ward has no medical problems that prevent him/her from fully participating in games, practices and other activities of any kind whatsoever associated with operation of the St. Catharines Minor Baseball Association Inc.;
  5. AGREE TO IDEMNIFY AND SAVE HARMLESS the St. Catharines Minor Baseball Association Inc., its Directors, employees, members, Coaches, Assistant coaches, Managers, Trainers, Sponsors or any other person associated with the operation of the League and /or League Team from and against all liability for any injuries howsoever occurring to my child/ward as a result of his/her participation in the activities of the St. Catharines Minor Baseball Association Inc. notwithstanding that such injuries have been caused or contributed to by the negligence of the St. Catharines Minor Baseball Association Inc., it's Directors, employees, members, coaches, Assistant coaches, Manager, Trainers, Sponsors, or any other person associated with the operation of the St. Catharines Minor Baseball Association Inc.;
  6. BY SUBMITTING this application, I acknowledge having read, understood and agreed to the above Indemnity Agreement.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**Office Use Only:**      Registration Fees for \_\_\_\_\_ (Year) Playing Season      Cash\$ \_\_\_\_\_      Chq\$ \_\_\_\_\_      Chq# \_\_\_\_\_      # In Family \_\_\_\_\_  
Executive Processing Application \_\_\_\_\_

