



Toronto High Park Little League 2016 Registration

<input type="radio"/> Little League \$240⁰⁰ (Ages 9 to 12)	<input type="radio"/> T-Ball \$175⁰⁰ (Ages 6 to 8)	<input type="radio"/> Instructional \$80⁰⁰ (Age 5)	LEAGUE USE ONLY [CHQ # _____]
Cash or CHQ Payable to: <i>Toronto High Park Little League Association</i>		Cash or CHQ Payable to: <i>High Park T-Ball Association</i>	
			REGISTRATION DATE: _____
			EVALUATION DATE: _____

PLAYER INFORMATION			PANT SIZE:															
Player Name: _____ (LAST) (FIRST)	Birth Date: _____ MM / DD / YYYY		AGE:															
Address: _____ (STREET) (APT) (CITY) (POSTAL CODE)			<table border="1"> <tr><td>5</td><td>Sep-10 to Aug-11</td><td rowspan="2">TB</td></tr> <tr><td>6-8</td><td>Sep-07 to Aug-10</td></tr> <tr><td>9</td><td>Sep-06 to Aug-07</td><td rowspan="4">MINORS</td></tr> <tr><td>10</td><td>May-05 to Aug-06</td></tr> <tr><td>11</td><td>May-04 to Apr-05</td><td rowspan="2">MAJORS</td></tr> <tr><td>12</td><td>May-03 to Apr-04</td></tr> </table>	5	Sep-10 to Aug-11	TB	6-8	Sep-07 to Aug-10	9	Sep-06 to Aug-07	MINORS	10	May-05 to Aug-06	11	May-04 to Apr-05	MAJORS	12	May-03 to Apr-04
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12	May-03 to Apr-04																	
Gender: M / F School: _____	Home Phone: _____																	
Ontario Health Insurance Number (OHIP): _____ (####-###-###-AA)	Birth Registration Number: _____ (#####-##-#####) or (##-##-#####)																	

PARENT / GUARDIAN INFORMATION			
Parent / Guardian: _____	Phone: _____	Email: _____	
Parent / Guardian: _____	Phone: _____	Email: _____	
Address: _____ (STREET) (APT) (CITY) (POSTAL CODE)			
Where did you learn about HP Baseball? _____			

INTERESTED IN VOLUNTEERING?			
Are you interested in volunteering to: (circle)	COACH	ASSISSTANT COACH	GENERAL HELP
	FUNDRAISING	SPECIAL EVENTS	

MINIMUM PLAY REQUIREMENTS (NEW)	
Players are required to play a minimum of 12 regular season games to: <ol style="list-style-type: none"> Play in the play-offs <u>and</u> Retain their "returning player" status for the next season. 	Player Initials: _____ Parent / Guardian Initials: _____

PARENT / GUARDIAN CONSENT	
<p>Assumption of Risk I/we acknowledge that participation in the sporting activity of baseball involves personal risk to the participants, including a risk associated with possible negligence or breach of legal duty by others. On behalf of participating family members and myself I accept and assume all such risk.</p> <p>Use of Images I, on behalf of myself and my family members, consent to the use of images of my child by High Park Baseball, for the sole purpose of promoting the activities of the organization. No child will be identified by name, and no image will be used for commercial purposes.</p> <p>I UNDERSTAND THE ASSUMPTION OF RISK , WAIVER OF LIABILITY AND USE OF IMAGES PROVISIONS SET OUT ABOVE AND AGREE THAT BY SIGNING BELOW I AM ACCEPTING THE TERMS THEREOF AND WAIVING LEGAL RIGHTS WHICH I, MY FAMILY OR OUR LEGAL REPRESENTATIVES MAY OTHERWISE HAVE.</p>	<p>Waiver of Liability In consideration for the participation of my child in any Toronto High Park Baseball programs, I, on behalf of myself and family members, hereby agree to waive any and all claims which I and my participating family members may have against the Toronto High Park T-Ball Association or Toronto High Park Little League and/or their staff, representatives, or volunteers for any loss, injury, damage or expense that we may suffer as a result of my child's participation in such programs due to any cause whatsoever, including possible negligence or other legal breach of duty by the Toronto High Park T-Ball Association or Toronto High Park Little League or their staff, representatives or volunteers.</p> <p>Parent / Guardian: _____ (PLEASE PRINT) MM / DD / YYYY</p> <p>Parent / Guardian: _____ (SIGNATURE)</p>