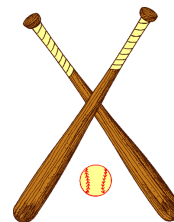




Township of Tyendinaga Minor Baseball League

2017 Registration Form



First Name: _____ Last Name: _____ Male/Female _____
 Address: _____

 Birth date: _____ Email: _____
 Guardian # 1 _____ Phone Number: _____
 Guardian # 2 _____ Phone Number: _____
 Special Requests: _____
 Please check box to indicate your child will have helmet for the upcoming season:
 Please check box to indicate your child will have Baseball Pants for the upcoming season:

Age Group (Please Circle)	Fee	Sponsoring a Team	Total
Pre-Rookie- (Ages 4,5,6) <small>(Must be 4 by December 31st, 2017 2013, 2012, 2011)</small>	\$30.00	\$175.00 Name: Phone Number:	
Rookie-(Age 7,8,9) 2010, 2009, 2008	\$55.00	Gold-\$500.00 -Banner at diamond, name and/or logo on uniforms or Silver \$300.00 - Name and Logo on uniforms	
Mosquito (Age 10, 11) 2007, 2006	\$95.00	Gold-\$500.00 -Banner at diamond, name and/or logo on uniforms or Silver \$300.00 - Name and Logo on uniforms	
Pee wee (Age 12,13) 2005,2004	\$105.00	Gold-\$500.00 -Banner at diamond, name and/or logo on uniforms or Silver \$300.00 - Name and Logo on uniforms	
Bantam (Age 14,15) 2003,2002	\$130.00	Gold-\$500.00 -Banner at diamond, name and/or logo on uniforms or Silver \$300.00 - Name and Logo on uniforms	
Midget (Age 16, 17,18, 19) 2001, 2000, 1999,1998	\$130.00	Gold-\$500.00 -Banner at diamond, name and/or logo on uniforms or Silver \$300.00 - Name and Logo on uniforms	

Will you help us! In order to have successful programs we need parents/ guardians to be coaches and assistant coaches. Please circle and write your name beside if you would be interested in:

Coach: _____ Assistant Coach: _____

I hereby release the Township of Tyendinaga, volunteers and agents from all claims for damages arising from participation of the above person at any time during any program or in any facility or location where a program is held. I further authorize anyone, to obtain the necessary medical treatment for my child in the case of an emergency.

Signature of Parents/Guardian: _____ Date: _____

For Office Use Only

Registration Fee \$: _____ Received By: _____

Method: Check _____ Cash _____ Debit _____ Date _____, 20 _____