**2013 Edmonton Fall Ball Registration**

PLAYER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL: 780 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST NAME LAST NAME CELL: 780 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) Also send an email to edmonton.fallball@gmail.com This is for League communication only.

BIRTH DATE: \_\_\_\_\_\_\_ / \_\_\_\_\_\_ /\_\_\_\_\_ LEAGUE Played: \_\_\_\_\_\_\_\_PLAYED LAST YEAR: \_\_\_\_\_\_

 (MONTH/DAY/YEAR) (Yes/no) Male \_\_\_ Or Female \_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name Parent #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONLY CASH OR CHEQUES ARE ACCEPTED**

**REGISTRATION FEES**

**$250 for the season (Please Make Cheque out to *Confederation Park Baseball*)**

Includes hat, umpire fees, coaches fees, and indoor training (late October to early December)

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF MY RECEIPT/LEAGUE SAFETY RULES, AND UNDERSTAND THAT IT IS MY RESPONSIBILITY AS A PARENT TO:

* ENSURE THAT I UNDERSTAND THESE RULES
* REVIEW THEM WITH MY SON/DAUGHTER TO ENSURE THEY UNDERSTAND

SUPPORT MY SON/DAUGHTER COMPLYING WITH THESE RULES DURING ALL
ACTIVITIES ASSOCIATED WITH THE LITTLE LEAGUE PROGRAM.

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| \*\*\* The information on this form is collected under the authority of Paragraph |
| 32C of the Alberta Freedom of Information and protection of Privacy Act, Sec. |
| 1994, CHF-18.5 and shall only be used for the purpose for which it is collected |

Parent or Guardian Please Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

