



RHMBA REGISTRATION FORM

2020 SEASON

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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PLAYER'S INFORMATION	MOTHER'S INFORMATION	FATHER'S INFORMATION
NAME _____	NAME _____	NAME _____
Address _____	<input type="checkbox"/> Same	<input type="checkbox"/> Same
Legal Land Description _____		
City _____	<input type="checkbox"/> Same	<input type="checkbox"/> Same
Postal Code _____	<input type="checkbox"/> Same	<input type="checkbox"/> Same
Home Phone Number _____	<input type="checkbox"/> Same	<input type="checkbox"/> Same
BirthDay DAY _____ Month _____ Year _____	Cell: _____	Cell: _____
MAIN EMAIL ADDRESS: _____		Interested in: <input type="checkbox"/> Coaching <input type="checkbox"/> Umpire (training provided)
SECONDARY EMAIL ADDRESS: _____		

(Receipts and program information are sent to the main email address listed on this form.)

QUESTIONS: Contact Elicia Kovac at 780-678-6518 or email: roundhillminorbaseball@gmail.com

GENERAL BASEBALL PROGRAM

Categories	Year Born*	Check	REGISTRATION FEE
Learn To Play	Born 2015 and younger	<input type="checkbox"/>	\$40.00
7U Rally Cap	Born 2014, 2013	<input type="checkbox"/>	\$40.00
9U	Born 2012, 2011	<input type="checkbox"/>	\$50.00
11U	Born 2010, 2009	<input type="checkbox"/>	\$80.00*
13U	Born 2008, 2007	<input type="checkbox"/>	\$90.00*
15U	Born 2006, 2005	<input type="checkbox"/>	\$90.00*

* Please specify in comments section below if you desire to play community or AA (extra fees will apply for Rep).

Please specify in comments section below if you desire player to play in different age group than specified above. Registration Director will contact you.

A \$75.00 deposit will be required for Baseball uniform (N/A to LTP).

Comments: _____

I, the undersigned certify the information to be true and in consideration of the granting of this certificate to me, with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Baseball Canada, Baseball Alberta, Round Hill Minor Baseball, it's Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct, etc. and I agree to abide by such rules, regulations and decisions of Baseball Canada, Baseball Alberta, Round Hill Minor Baseball, its Board of Directors, its Branches &/or divisions. Further, the information requested above is required by Round Hill Minor Baseball Association to facilitate baseball programs on behalf of the registrant. Round Hill Minor Baseball Assoc. will treat this personal information with the utmost respect & privacy. Round Hill Minor Baseball does not sell, trade or share information we collect, however we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by 3rd parties, &/or baseball specific research.

The above named player has my permission to play Minor Baseball and I relieve all organizing officials and governments from all responsibility for injury or accident to the above while participating.

_____ Date _____ Parent/Guardian - Signature

RHMBA ADMINISTRATION USE ONLY

<input type="checkbox"/> Receipt emailed	<input type="checkbox"/> Mail receipt	<input type="checkbox"/> Receipt in hand	<input type="checkbox"/> Cash Amt: _____
<input type="checkbox"/> Entered in Player Database	<input type="checkbox"/> Uniform Deposit Received		<input type="checkbox"/> Cheque # _____