

**REGISTRATION FORM FOR THE 2009 SEASON**

Name of Child:

\_\_\_\_\_

Has your child played baseball before?

Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address: (Street, City, Postal Code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to volunteer to coach your child?

Yes \_\_\_\_\_ No \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Do you consent for photos of your child on our Baseball Website?

Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone Number:

\_\_\_\_\_

Special requests:

Birth Date:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child's age **as of April 30, 2009:** \_\_\_\_\_

**1<sup>st</sup> time registrants require a birth or baptismal certificate.** CDMB has the right to change players from one team to another in order to balance the teams.

Name of Parent(s)/Guardian:

\_\_\_\_\_

I/we know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Cornwall District Minor Baseball Inc. and Little League Baseball Inc., its executives, the organizers, sponsors, coaches, managers, participants, the City of Cornwall and the Royal Canadian Legion for any claim arising out of injury to my/our child, whether the result of negligence or for any other cause.

Email Address: (optional)

\_\_\_\_\_

Medical Information & Allergies that CDMB & Coaches should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR CDMB OFFICIALS:**      **Division Registered:** \_\_\_\_\_

**Payment Received:** \_\_\_\_\_ **by** \_\_\_\_\_ **(Ch# \_\_\_\_\_)**  
**Amount Paid**                      **Cash/Cheque**

**Receipt issued for Children's Fitness Tax Credit? Yes \_\_\_\_\_ No \_\_\_\_\_**

\_\_\_\_\_  
Signature of CDMB OFFICIAL

\_\_\_\_\_  
Date