

Clinton Minor Baseball (CMBA)



President: Jeff Ryan

CMBA is run by volunteers. We need your help to make baseball fun for the children we support. Are you interested in helping CMBA as a Coach Team Manager Scorekeeper Executive Member Sponsor Other _____

PLAYER'S NAME _____ *Player information and contact HAS changed from last year's registration*

First Name Middle Initial SURNAME

ADDRESS _____ Town Postal Code

Primary Telephone _____ Cell or Secondary Telephone _____

Mother's Name _____ Father's Name _____

Email Address _____ Email Address _____

Player's Date of Birth _____ Birth Reg. # or OBA # _____

Month Day Year year-xx-xxxxxx or OBA #

Gender: Female Male How many years has your child played organized baseball _____

Personal Batting HELMETS are compulsory. CMBA enforces the rule that players are not allowed on the field without a helmet with a chinstrap.

Additionally, all softball players must wear a helmet with a facemask.

Bantam and Midget age baseball players must provide their own wood or wood composite bat.

Mustang uniform consists of grey baseball pants, red belt and red socks.

Note: Players selected and rostered to play Rep baseball will be charged an additional \$50 playing fee.

A \$25.00 late fee charge will apply to all registrations paid after April 1st, 2019

In house T-Ball (b. 2013 to 2015) \$40

LEAGUE BASEBALL DIVISIONS

- Jr. Rookie (b. 12, 13) \$135
- Sr. Rookie (b. 10, 11) \$135
- Mosquito (b. 08, 09) \$145
- Pee Wee (b. 06, 07) \$170

- Bantam (b. 04, 05) \$170
- Midget (b. 01, 02, 03) \$195
- Junior (b. 00, 99, 98) \$200

SOFTBALL DIVISIONS

- SB Pre-Mite (b. 11, 12) \$100
- SB Peewee (b. 05, 06) \$125
- SB Mite (b. 09, 10) \$100
- SB Bantam (b. 03, 04) \$125
- SB Squirt (b. 07, 08) \$125
- Girls ONLY SB (identify the division)

Payment Method Cash Cheque payable to Clinton Minor Baseball (we DO NOT accept Debit or Credit cards)

Jersey Size Youth Small Youth Medium Youth Large Youth X-Large
 Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Is there anything you feel is important for your child's coach to be aware of (Medical condition i.e. allergies, asthma)?

IMPORTANT NOTES: READ BEFORE SIGNING

1. With this signature, the Undersigned hereby grants permission to the Clinton Minor Baseball Association to use name and limited personal information of the child indicated on this form, and also team and action photographs including their child, in print and in electronic media. Such photographs may be used by CMBA in publications including, but not limited to, newspapers, brochures and the website of CMBA, WOBA or Softball Ontario or Affiliate thereof, for publicity purposes. Electronic media may also include individual player stats, game and team information. No other personal information (example: address, phone number, school) will be disclosed. CMBA is committed to protecting the privacy of your personal information. The Undersigned understands that once a photograph is posted on a website, the image can be downloaded by any computer user and specifically waives his/her rights and protection pursuant to the provisions of the Personal Information Protection Electronic Documents Act.

Yes No Photographs Please Signature of Parent or Guardian _____

2. With this signature, I confirm and provide permission to CMBA to providing and updating Western Ontario Baseball Association (WOBA) and Baseball Ontario (OBA) with the email address(es) printed on this form. Email addresses may be used by CMBA, WOBA and Softball Ontario or Affiliate thereof for the purposes of providing baseball related information which include announcements, promotions, schedule & rule updates and tryout opportunities. By not signing this section you will not receive email notices as describe herein.

Yes I Confirm Permission to Opt In Signature of Parent or Guardian _____

3. With this signature, I agree to abide by the rules of the Clinton Minor Baseball Association. I further certify that the age of my child is correct as printed on this form and that he/she is a bonafide resident of the address given above. I understand that my child is subject to immediate dismissal from the program should the age or address given be inaccurate. I also give permission for my child to participate in the CMBA program and release and hold harmless the Clinton Minor Baseball Association, its members, directors, coaches and other officials and any other person or entity associated with the program from any and all injury or damage for any claims or causes of action whatsoever for any loss or injury suffered by any child and or myself.

Signature of Parent or Guardian _____