

Baseball West-Island

94 Douglas Shand Pointe-Claire, Qc H9R 2A8
1335 Lakeshore Road, Dorval, Qc H9S 2E5
Email: contact@baseballwestisland.com



2018 Winter Camp Registration

Player

Family Name _____

Given Name _____

RETURNING PLAYER? YES NO

Address _____ Apt. _____

City _____ Postal Code _____

Home telephone () _____

Other telephone () _____ Specify _____

Email _____

Date of Birth ____ / ____ / _____ Medicare Card # _____

Baseball West Island's priority is to ensure that all players have fun in a safe environment. Are there any physical limitations or allergies BWI should know about to make this a successful camp for this player?

No Yes if yes, please specify: _____

2018 Winter Camp

Novice Atom Mosquito PeeWee
'11-'13 '09-'10 '07-'08 '05-'06

Parent or Guardian

Family Name _____

Given Name _____

If different from above

Address _____ Apt. _____

City _____ Postal Code _____

Home telephone () _____

Other telephone () _____ Specify _____

Disclaimer: Please read carefully and print and sign your name as indicated

I (print name) _____, will assume all risks and hazards to the registrant, including transportation to and from Baseball West Island activities, whether on or off the baseball fields. I do hereby waive, release, absolve, indemnify and agree to hold harmless Baseball West Island and all of its volunteers, officials and affiliates for claims arising out of injury to the registrant whether the result of negligence or any other cause.

Signature of player (if 18 years or older), parent or guardian

Date

For office use only

Date _____ Method of Payment _____

Registrar _____