

## Mail in Instructions for Bow Ridge Little League Registration

- ① Complete the Registration Form (page 2)
- ① Complete the Medical Release form (page 3)
- ① Write a cheque for the registration fee dated for **TODAY**.
  - Coach Pitch ages 5-6 on April 30th (\$70)
  - Machine Pitch ages 7-8 on April 30th (\$110)
  - Minors ages 9-10 on April 30th (\$130)
  - Nationals/Majors ages 10-12 on April 30th (\$150)
  - Juniors ages 13-14 on April 30th (\$150)
  - Seniors ages 15-16 on April 30th (\$150)
  - Big Leagues ages 17-18 on April 30th (\$150)
- ① Write a \$50 uniform deposit cheque dated for **July 01, 2010**.
- ① Mail the following items in to the address below.
  - Registration Form
  - Medical Release Form
  - Registration Cheque
  - \$50 Uniform Deposit Cheque (not required for Coach Pitch Division 5–6 year olds)

**BOW RIDGE LITTLE LEAGUE  
PO Box 71021 SSPO  
CALGARY AB T3B5K2**

### ***Other helpful information:***

- ① Consider volunteering for a role or position, the success of the league depends on the volunteers.
- ① If coaching be sure to complete the on-line course <http://nccp.baseball.ca/> then submit your receipt to your division coordinator for reimbursement.
- ① Coaching clinics to be held the second last week of April.

### ***Refund Policy***

Participants terminating their registration will receive a refund of:  
100% prior to the close of registration (less an admin fee of \$25.00)  
75% after evaluations  
0% after May 1st

### ***Late Fee Policy***

Participants registering after the close of registration will be charged a late fee of \$25.00



# Bow Ridge Little League

## Registration Form

Players Name: \_\_\_\_\_ M / F  
First Last  
 Birth Date: \_\_\_\_\_ Previous Division/Team: \_\_\_\_\_ / \_\_\_\_\_  
dd/mm/yyyy  
 Father \_\_\_\_\_  
First Last  
 Mother \_\_\_\_\_  
First Last  
 Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Community: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

*While Bow Ridge Little League will try our best to meet player requests we reserve the right to refuse requests based on team selection policies designed for league parity.*

### Friend request policy:

A player may select one team mate he or she would like to play with. Both players must indicate each other on their registration form if they wish to play together. Final player placement is based on team selection policies. Siblings in the same division will automatically be placed together.

Preferred team Mate: \_\_\_\_\_  Reciprocal?

## What advertising did you see about Bow Ridge Little League this year?

Road Signs  Website  Little League Phone:   
 Brochure  Other player  Other: \_\_\_\_\_

## Volunteer Form

*Bow Ridge Little League relies on volunteers to be successful. This year we require help in the following positions.*

Coach	<input type="checkbox"/>	Spring Diamond Maintenance (1/2 day)	<input type="checkbox"/>
Asst. Coach	<input type="checkbox"/>	Equipment asst. (1/2 day)	<input type="checkbox"/>
Umpire	<input type="checkbox"/>	Uniform asst. (1/2 day)	<input type="checkbox"/>
Umpire Scheduler	<input type="checkbox"/>	Picture Day Coordinator	<input type="checkbox"/>
Coach Pitch Coordinator	<input type="checkbox"/>	Junior Division Coordinator	<input type="checkbox"/>
Fun Day	<input type="checkbox"/>	Casino Volunteer (Jan 2011)	<input type="checkbox"/>

*This section to be completed by Bow Ridge personnel*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 League Age as of April 30 of this year: \_\_\_\_\_ Cheque #s \_\_\_\_\_  
 Family Discount Y/N Siblings/divisions \_\_\_\_\_ / \_\_\_\_\_



## Bow Ridge Little League

### Parent/Guardian Consent and Release Form

I/We, the parent(s) or lawful guardians(s) of \_\_\_\_\_ (the Player), hereby consent to the Player participating in the Bow Ridge Little League baseball Program. I/We also consent to the Bow Ridge Little League Managers, Coaches, Umpires, or Instructors to authorize any emergency medical attention or treatment needed by the Player as a result of his/her participation in the baseball program. I/We do hereby acknowledge that there are, as in any athletic pursuit, inherent risks in the Players participation in baseball and I/We confirm that the Player will participate in the Bow Ridge Program at his/her own risk. I/We therefore, release and discharge, without limitation, Bow Ridge Little League and its appointed Managers, Coaches, Umpires, Instructors, and Volunteers from any liability, cause of action suit or claim for damage for injury or illness of the Player that may arise in any way from the Players participation in the Bow Ridge Program and including any claim accruing to me/us or the Player.

Dated at Calgary, Alberta, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Parent / Guardian Signature (s) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Alberta Personal Health Card Number: \_\_\_\_\_

Describe any medical problems, medication requirements or allergies:

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