



Challenger Baseball Registration

Player Last Name:		Player First Name:	
Birthday (dd/mm/yyyy):		Age:	
Gender:		Returning Player:	Yes / No
T-Shirt Size (please circle):	Youth S / M / L Adult S / M / L / XL /	Home Phone Number:	
Address:			
City:		Postal Code:	
Medical Condition(s):			
Behaviours that volunteers should be made aware of:			
Any additional information to share:			

Parent/Guardian #1		Parent/Guardian #2	
Last Name:		Last Name:	
First Name:		First Name:	
Email:		Email:	
Cell Phone:		Cell Phone:	
Relationship to player:		Relationship to player:	

I acknowledge and understand that participation in baseball activities involves risk of personal injury. I accept that risk for my child. I agree and understand that Best Buddies Canada and Etobicoke Baseball Association or any of its volunteers, members, coaches or paid officials shall not be liable for any personal injury, death, loss of property or damage as a result of my child's participation. By signing below, I confirm that I have read, understand and accept the above conditions. I do hereby consent that my child's photograph and name may be used for promotional advertising, social media or media.

Parent/Guardian Signature _____ Date _____