



The Baseball Zone Inc.
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2011 Summer High Performance Program

Player Registration Form

****Players WILL NOT be allowed to participate without already having provided full payment AND registration****

T-Shirt Size (circle one): M L XL

Name: _____ Date of Birth: _____ / _____ / _____
dd mm yyyy

Address: _____		City: _____	
Home Tel: _____		Cell: _____	
Parent Name: _____		Parent Emerg. Tel: _____	
Email 1 : _____		Email 2 : _____	
Current Team or Organization: _____			
<input type="checkbox"/> I have already given this information to The Baseball Zone			

Release and Waiver of Liability:

In enrolling at The Baseball Zone, participant understands that he/she attending the programs and using The Baseball Zone and the facilities does so at his/her own risk. The Baseball Zone and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless The Baseball Zone, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at The Baseball Zone to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize The Baseball Zone and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films. The undersigned also acknowledges that registration is not complete until a properly completed registration form and full payment including all applicable taxes has been submitted to The Baseball Zone and that there are no refunds, credits or make-ups for any missed or unused sessions.

Signature of Player/ Parent/Guardian:
 (Parent/Guardian If registrant 18 or younger) _____

Release for Medical Treatment:

List of any conditions that The Baseball Zone Inc. and a physician(s) should be aware of:

Credit Card #: _____	Exp: _____
* - if paying by VISA or MASTERCARD and faxing to The Baseball Zone	