

**Hamilton Cardinals Rep  
Baseball**



**HAMILTON CARDINALS REP BASEBALL  
ASSOCIATION  
REGISTRATION FORM – 2010 FALL SEASON**

**CONTACT INFORMATION**

[cardinalsrep@hotmail.com](mailto:cardinalsrep@hotmail.com)

**REP REGISTRATION FORM FOR THE 2010 FALL BASEBALL SEASON:**

**Note: Players must register in their "Year of Birth" Division.**

<b><u>Division</u></b>	<b><u>Year of Birth</u></b>				
<b>SURNAME:</b>		<b>First Name:</b>		<b>Sex:</b>	<b>Birthdate (Y/M/D)</b> / / / /
			<b>Telephone:</b>		
<b>Address:</b>			<b>City</b>	<b>Postal Code</b>	
<b>Mother/Guardian:</b>			<b>Father/Guardian:</b>		

*I, as parent or guardian of the above player, consent to my son/daughter playing in the H.C.B.A Rep. Program. I assume all risks arising out of participation in the program and hereby waive the Hamilton Cardinals Rep Baseball Association and its organizers from any claims arising due to participation in the program.*

**SIGNED:**

**DATED:**

**Has this child any medical problems which should be recorded?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, please indicate:**

**Has this child ever played baseball in HDBA?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Last Association Played For**

\_\_\_\_\_

*With this registration, parent(s)/players join as members of Hamilton Cardinals Rep Baseball Association and agree to accept and abide by its rules and policies.*

<b>Clinic Registration</b> <input type="checkbox"/>	<b>Season Registration</b> <input type="checkbox"/>	<b>Fall Registration</b> <input checked="" type="checkbox"/>		<b><u>E-Mail Address</u></b>
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**PLEASE NOTE:**

Anyone volunteering in our organization to work with our players in any capacity must be willing to sign a "Consent to Disclosure" Form. We would like to perform a background check with the assistance of our police department. This is for the protection of our players.