



Hamilton Cardinal Baseball Association

Player Workout Permission Form

Section 1			
Player's Name		Phone	
Address		City	
Postal Code	Birth date		
My Local Association is			
Where I played last year			
Hamilton Cardinal Team holding workout			
Signature of Player		Date	

Section 2	Present this form to the President of your Local Association (where you live or the closest Baseball Ontario Assoc.)
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President: Please complete Section "A" (Permission Approved) and return form to the player

A	Association <input type="text"/> hereby grants permission for player noted above to attend Hamilton Cardinal tryouts/workouts. Authorized Signature : <input type="text"/> Date: <input type="text"/>
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Section 3	Present this form to the Hamilton Cardinal Team Manager holding workouts.
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