



# Vernon & District Baseball Association

PO Box 63, Vernon, B.C. V1T 6M1  
www.vernonbaseball.com



## 2010 PLAYER REGISTRATION FORM (please print)

Player's SURNAME:		Player's First Name:		Birth Date (mm/dd/yy)		Gender (circle) M F	
Address:			City		Postal Code		Phone #
Parent(s)/Guardian(s) Names:			Cell #		Email Address:		
Alternate Contact:			Phone #:		Relationship to Player:		

Medical Conditions or Allergies: \_\_\_\_\_ Care Card #: \_\_\_\_\_ (must be included)

Played last year? YES / NO

2010 Registration Fees – Please circle division registering for

Division	Birth Year	Early Registration Fee	Fee after March 1st
Rally Cap	2003 – 2004	\$60	\$80
Tadpole	2001 – 2002	\$85	\$105
Mosquito	1999 – 2000	\$110	\$130
Pee Wee	1997 – 1998	\$115	\$135
Bantam	1995 – 1996	\$130	\$150
Midget	1992 - 1994	\$130	\$150

**Payment:**

Cheque #: \_\_\_\_\_ Name on Cheque: \_\_\_\_\_ Money Order: \_\_\_\_\_ Cash: \_\_\_\_\_

\*There will be a \$25.00 handling fee for all NSF Cheques\*

**TOTAL AMOUNT \$:** \_\_\_\_\_

**\*\*please make cheque/money order payable to VDBA (Vernon & District Baseball Association)\*\***

**REGISTRATION DEADLINE: March 15, 2010**

*Any registrations or inquiries after deadline will be put on a waitlist and notified if space is available in the requested division.*

**Refund Policy:**

- 50% refund up to April 15th and NO REFUND after April 15th, 2010 unless for medical reasons and must be accompanied by a doctor's note.

**Special Requests:** Please contact division director. See Website for email addresses.

<b>VOLUNTEERS NEEDED:</b> (please check the areas below that you are available to assist)						Name: _____	
						Phone #: _____	
_____ Coach	_____ Assistant Coach	_____ Team Manager	_____ Opening Day	_____ Scorekeeping			
_____ Umpire			_____ VDBA Sponsor				

**ALL PLAYERS MUST WEAR A CSA APPROVED BATTING HELMET, ATHLETIC PROTECTOR AND GREY BASEBALL SLIDING PANTS (no longer provided by VDBA).**

I AGREE that the Vernon & District Baseball Association is NOT responsible for any injuries sustained by the above child while taking part and traveling to and from the above activity.

Yes  No I agree that the VDBA may publish photographs or other media images taken of my child.

DATE: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

**DROP OFF REGISTRATION FORMS WITH FEE TO SUN VALLEY SOURCE FOR SPORTS OR MAIL TO:**  
Vernon & District Baseball Association  
PO Box Box 63, Vernon BC V1T 6M1 **Attention: Registrar**