



# Vernon & District Baseball Association

PO Box 63, Vernon, B.C. V1T 6M1



Register online at [www.vernonbaseball.com](http://www.vernonbaseball.com)

## 2012 SPRING PLAYER REGISTRATION FORM (please print)

Player's Surname:	Player's First Name:	Birth Date (mm/dd/yy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address:	City	Postal Code	Phone #
Parent(s)/Guardian(s) Names:	Cell #	Email Address:	
Alternate Contact:	Phone #:	Relationship to Player:	

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

2012 Registration Fees – Please check (✓) the box for the division the player is registering for.

**Family rate for 3 or more players \$30.00 off total fees.**

Division	Birth Year	Early Registration Fee	Fee after March 1st
<input type="checkbox"/> T-Ball	2005 – 2006	\$80	\$105
<input type="checkbox"/> Tadpole	2003 – 2004	\$105	\$130
<input type="checkbox"/> Mosquito	2001 – 2002	\$130	\$155
<input type="checkbox"/> Pee Wee	1999 – 2000	\$140	\$165
<input type="checkbox"/> Bantam	1997 – 1998	\$155	\$180
<input type="checkbox"/> Midget	1994 – 1996	\$165	\$190

**Yes Player is interested in Summer All-Star Baseball**

**Payment** (please make cheque or money order payable to VDBA (Vernon & District Baseball Association))  
there will be a \$25.00 handling fee for all NSF cheques

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

**Total Amount \$** \_\_\_\_\_

### REGISTRATION DEADLINE: March 1, 2012

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

**Refund Policy:**

- Full refund minus 20% administrative fee up to April 15, 2012
- No refund after April 15, 2012, except for medical reasons and must be accompanied by a doctor's note.

**Special Requests:**

**No special requests can be submitted after registration deadline.**

Please contact division director.  
See Website for email addresses.

**POSITIONS NEEDED:** (please check the ones you are interested in)

- Coach     Assistant Coach     Team Manager    Name \_\_\_\_\_  
 Umpire     VDBA Sponsor     AGM Voting Member    Phone: \_\_\_\_\_

**ALL PLAYERS MUST WEAR A CSA APPROVED BATTING HELMET, ATHLETIC PROTECTOR AND GREY BASEBALL SLIDING PANTS.**

- 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 'INSTANT REPLAY SPORTS'**  
**OR MAIL TO: Vernon & District Baseball Association / PO Box 63, Vernon BC V1T 6M1 Attn: Registrar**