



# Lakeshore Baseball Association

2963 Boul. St. Charles, P.O. Box 40524, Kirkland, QC, H9H 5G8

Email: [registrar@lakeshorebaseball.ca](mailto:registrar@lakeshorebaseball.ca)

Website: [www.lakeshorebaseball.ca](http://www.lakeshorebaseball.ca)

## 2019 Winter Clinics

### PLAYER'S INFORMATION

Player's Name: \_\_\_\_\_ Gender: M [ ] F [ ]  
(First name, Last name)

Date of Birth: \_\_\_\_\_ Medicare Number: \_\_\_\_\_  
(day/month/year) (XXXX-XXXX-XXXX)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Player's Email: \_\_\_\_\_

### PARENT'S INFORMATION

Parent 1 Name: \_\_\_\_\_  
(First name, Last name)

Parent 1 Cell Phone: \_\_\_\_\_ Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_  
(First name, Last name)

Parent 2 Cell Phone: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

### Choose Your Level

Age Levels	Time/Location	Price
[ ] Atom (2010-2011)	17h30-19h00 @ John Abbott College Gym	\$125.00
[ ] Mosquito and Peewee (2006-2009)	17h30-19h00 @ John Abbott College Gym	\$125.00
[ ] Bantam and Midget (2001-2005)	19h00- 20h30 @ John Abbott College Gym	\$125.00

**Dates of Clinics:** January 12th, 19th, 26th  
 February 2nd, 9th, 16th, 23rd  
 March 16th, 23rd, 30th  
 April 6th, 13th and 20th

### Agreement:

I, in my capacity as parent or guardian, hereby grant permission for my child named below to participate in baseball workouts, practices and games organized and supervised by the Lakeshore Baseball Association Inc. I agree to the terms and conditions stated above and I further agree not to hold responsible the league, its organizers, directors, umpires, coaches, assistant coaches, managers, or their assigned technical coordinators for property damage or injury sustained by or to my child prior to, during or after any baseball activity unless sustained from direct actions of identifiable willful misconduct. I accept that the formation of practice/training groups and teams will be done so as to obtain equity in the level of play at all levels, and that my son/daughter may be required to change practice/training groups or teams at any time as determined by league

Signature: \_\_\_\_\_

Cheques payable to Lakeshore Baseball Association