**ZURICH MINOR ATHLETIC ASSOCIATION**

**BASEBALL & FASTBALL REGISTRATION 2024**

|  |  |
| --- | --- |
| **Parents’/Guardians’ Names:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email:** |  |

**Age Groups & Registration Fees:**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Year of Birth** | **Registration Fee** |
| 5U Co-Ed Tee Ball | 2019/2020 | $50.00 |
| 7U Co-Ed Jr Rookie Ball | 2017/2018 | $120.00 |
| **Baseball**  |  |  |
| 9U | 2015/2016 | $120.00 |
| 11U | 2013/2014 | $140.00 |
| **Fastball - Girls** |  |  |
| U9 | 2015/2016 | $120.00 |
| U11 | 2013/2014 | $140.00 |
| U13 | 2011/2012 | $160.00 |
| U15 | 2009/2010 | $160.00 |
| U17 | 2007/2008 | $170.00 |
| U21 | 2003/04/05/06 | $170.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Name** | **Birthdate****(mm/dd/yyyy)** | **Age Group** | **Registration Fee** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**Registration Payments:** E-transfer to zmaatreasurer@gmail.com

|  |  |  |
| --- | --- | --- |
| **Etransfer** | **Cash** | **Cheque** |

Does your child have any health problems that would interfere with their participation in a full baseball/fastball program? NO\_\_\_\_\_ YES\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Every family is required to work a 2-hour volunteer shift at Bean Festival (Aug 23,24,25) 2024.**

|  |  |  |
| --- | --- | --- |
| Has family signed up for volunteer shift | YES | NO |
| Has family handed in postdated cheque | YES | NO |

Volunteer Bond Cheque #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The success of your child’s team depends on your participation! Would you be interested in:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Volunteer:** | **Coaching** | **Helper** | **Executive** |
|  |  |  |  |
|  |  |  |  |

**WAIVER: I allow my child to play baseball/fastball under the Organization of Zurich Minor Athletic Association and will accept responsibility for any injuries which may occur.**

 **I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.** [**https://www.ontarioruralsoftballassociation.ca/orsa-concussion-policy-2/**](https://www.ontarioruralsoftballassociation.ca/orsa-concussion-policy-2/)

 **\*\*\*For Boys Baseball\*\*\*** Please fill out and sign the Baseball Ontario Assurance and Consent form and bring with you to registration. It is attached to email.

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**