



2010 Player Registration Form
www.duanewardcanada.com

Player Name: _____ Age on Dec 31, 2010 _____
 _____ First Name _____ Last Name

Address: _____ Date of Birth: M ____ D ____ Y ____
 _____ Phone: _____

Email : _____ (to communicate info to parents)

Mother's Name: _____ Father's Name: _____

Mother's Emergency Phone: _____ Father's Emergency Phone: _____

Health Card # _____ Exp _____ Doctor: _____

Allergies/Health issues we should be aware of: Yes/No _____

Home Baseball Association you are currently registered with: _____

T-Shirt Size: S M L XL Select Age group: Ages 10-12 (Mornings) Ages 13-15 (Afternoon)

Please Select which clinic you wish to attend

Kentville Clinic: Yarmouth Clinic:
 July 13-15 2010 July 16-18 2010

Early-Bird Registration (Prior to June 15, 2010) \$65.00 Regular Registration Fee (After June 15, 2010) \$75.00

Completed forms and payments may be sent or dropped off to Yarmouth Leisure Services, 932 Highway 1. Hebron, NS
 Mailing: PO Box 21 Hebron, NS B0W 1X0 Tel: 902-742-8868 Fax: 902-749-1645

PARENT/GUARDIAN RELEASE

- *Duane Ward Baseball Clinic' staff reserves the right to withdraw any participant/participants whose actions are unsatisfactory or disruptive. If this does occur there will NOT be any reduction, return of fee, or any part of them made.
 - *Due to fixed prices and expenditures, NO refund or reduction will be made for any participant or participants that enter late or leave early.
 - *My child has my permission to participate in all activities during the Duane Ward Baseball Clinic.
 - *I give Duane Ward Baseball Clinics permission to reproduce and publish any photographs, videos, or any likeness of my child for any advertising, commercial, promotional or marketing purpose.
- I HAVE READ AND AGREE TO ALL TERMS LISTED ABOVE:

Parents/Guardian Signature: _____ Date _____/_____/_____

I hereby request permission for me/my child to participate in the activities of the Duane Ward Baseball Clinic. I parent/guardian represent and certify that I/my child is physically able, with no restrictions, physical impairments, or any other facts which in any manner limit me/my child from participating in the Duane Ward Baseball Clinic. I/my child further acknowledge, that there are certain risks of injury in participating in such activities, and knowingly and voluntarily assume risk of such injury. I (individually or as a parent/guardian) do certify and agree that should I/my child become injured as a result of participating that I/my child do release and hold harmless, (Duane Ward Baseball Clinic), from any and all liabilities for illness and injury and any consequences thereto and from. This release shall insure to the benefit of (Duane Ward Baseball Clinic), and shall be binding on my heirs, successors, and executors.

I (individually or as a parent/guardian) hereby release, covenant not to sue and forever discharge, (Duane Ward Baseball Clinic), from any and all claims and liabilities with regard to participating in the Duane Ward Baseball Clinic .

I/my child furthermore state that Duane Ward Baseball Clinics are authorized to use me/my child's name and photographs, DVDs or videotapes of me/my child at the clinic for its promotional purpose without the need for any compensation to me/my child.

By signing the release form, I acknowledge that I have read and fully understand the above liability release and that I have been giving sufficient time to review it and ask any questions relating to it. I further understand that risks are involved and possibly serious injury or death could occur during participation of all activities. I acknowledge and agree to the terms stated in this release and that my execution of its material to my acceptance.

Date: _____/_____/_____

Parent/Guardians Signature (if child is 17 or younger) _____