WEST MOUNTAIN

## 2025 Season Baseball Registration

PLEASE NOTE: Players must register in their "year of birth" division

## Prices in effect until August 31, 2025

Year of Birth	Division	Fee		Year of Birth D		sion	Fee			
2007-2009	□ 18U	\$275.00		2014-2015		11U	\$215.00			
2010-2011	🗌 15U	\$230.00		2016-2017		9U	\$200.00			
2012-2013	🗌 13U	\$220.00		2018-2019		Tball	\$130.00			
				2020-Apr 2021		Rally Cap	\$95.00			
SURNAME: First Name:				Sex: Birth Date:						
Address:			City: Postal Code:							
Parent/Guardian:				Parent/Guardian:						
Primary Phone:				Secondary Phone:						
Primary Email:			Secondary Email:							
I										
		lems which should be		Has this child ever played with another organization in						
recorded? res	5 NU	If yes, please indicate:	the last year? Yes* No* If yes,							
				where (a release may be required)						
							. ,			
WMBA needs your help. Please consider volunteering in any area that you wish to assist us:										
	O Head Coach O Fundraising									
O Assistant Coach O Tournaments										
<b>Please Note</b> : Any adult volunteering in our organization to work with our players in any capacity must be willing to obtain a "Police Vulnerable Sector Check" form. This is <b>required</b> bi-annually and is for the protection of our players. We are only concerned with baseball coaching and youth related items.										
Refund Policy										
All refunds will be subject to a \$25 administration fee										
<ul> <li>100% refunded if notified in writing by March 1, 2025, less the administration fee</li> <li>50% refunded if notified in writing by April 1, 2025, less the administration fee</li> <li>NO REFUNDS if notified after Evaluation day</li> </ul>										
<ul> <li>Any refunds due to an injury making the player ineligible to play will be handled on a case by case basis.</li> </ul>										
NOTE: All "new" players must submit a copy of their birth certificate with this registration form										
Payment MUS	Payment MUST accompany registration form. Spots will not be held for players unless payment is made.									

Requests for special accommodations will be evaluated on a case by case basis and may not be honoured. Due to the overwhelming number of requests, you may be asked to volunteer to help assist on a team. Only 1 request per player. No requests after form is submitted.

I, as parent or guardian of the above player, consent to my son/daughter playing in the WMBA program. I assume all risks arising out of participation in the program and hereby waive the Hamilton District Baseball Association, West Mountain Baseball Association and its organizers from any claims arising due to participation in the program. With this registration, parent(s) players join as members of the Hamilton District Baseball Association and agree to accept and abide by its rules and policies.

I give permission to have my	son/daughter's picture displayed on the WMBA website, Facebook page
or Instagram: yes	no

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Date:

Cheques are payable to West Mountain Baseball \$10 service charge for NSF cheques

> www.wmbacougars.com info@wmbacougars.com

c/o P.O. Box 60586 Mountain Plaza Postal Outlet 661 Upper James St. Hamilton, ON L9C 7N7

For Office Use Only:

Fee: \_\_\_\_\_ Cheque: \_\_\_\_ Cash: \_\_\_\_\_