



2027 Season Baseball Registration

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

Prices in effect until December 31, 2026

Year of Birth	Division	Fee		Year of Birth	Division	Fee
2009-2011	☐ 18U	\$275.00		2016-2017	☐ 11U	\$225.00
2012-2013	☐ 15U	\$235.00		2018-2019	☐ 9U	\$210.00
2014-2015	☐ 13U	\$230.00		2020-2021	☐ Sr. Tball	\$130.00
				2022-Apr 2023	☐ Jr. Tball	\$95.00

SURNAME:		First Name:		Sex:	Birth Date:
Address:			City:		Postal Code:
Parent/Guardian:			Parent/Guardian:		
Primary Phone:			Secondary Phone:		
Primary Email:			Secondary Email:		

Has this child any medical problems which should be recorded? Yes ____ No ____ If yes, please indicate: 	Has this child ever played with another organization in the last year? Yes ____ * No ____ * If yes, where _____ (a release may be required)
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Refund Policy

All refunds will be subject to a \$25 administration fee

- 100% refunded if notified in writing by March 1, 2027, less the administration fee
- 50% refunded if notified in writing by April 1, 2027, less the administration fee
- 25% refunded if notified in writing between April 2, 2027 and evaluation day, less administration fee
- NO REFUNDS if notified after Evaluation day
- Any refunds due to an injury making the player ineligible to play will be handled on a case by case basis.

NOTE: All "new" players must submit a copy of their birth certificate with this registration form

Payment MUST accompany registration form. Spots will not be held for players unless payment is made.

WEST MOUNTAIN



BASEBALL ASSOCIATION

WMBA needs your help. Please consider volunteering in any area that you wish to assist us:

- ☐ Head Coach ☐ Fundraising
☐ Assistant Coach ☐ Tournaments

Please Note: 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 **required** bi-annually and is for the protection of our players. We are only concerned with baseball coaching and youth related items.

Please provide your name and email address so we may contact you:

Name: _____

Email: _____

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 _____

Signed: _____ **Date:** _____

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

www.wmbacougars.com
info@wmbacougars.com

For Office Use Only:

Fee: _____ Cheque: _____ Cash: _____