

WEST MOUNTAIN



BASEBALL ASSOCIATION

2027 Season Baseball Registration Form

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	☐
						Jr. Tball	\$95.00	☐

SURNAME:	First Name:	Sex:	Birth Date:
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Address:	City:	Postal Code:
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Parent/Guardian:	Primary Phone:	Email:
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Has this child any medical issues which should be recorded? Yes ☐ No ☐ If yes, please indicate:	
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WMBA needs your help! Please consider volunteering in any area that you wish to assist us:

Head Coach ☐ Asst/Bench Coach ☐ Fundraising ☐

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.

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

Name:	Email:	Phone:
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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.

Requests

- Only 1 request per player
- No chain requests
- Requests for special accommodation will be evaluated on a case by case basis and may not be honoured
- No requests after form has been submitted
- Player must attend the evaluations for your request to be considered

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 Assoc.
\$10 service charge for NSF cheques

www.wmbacougars.com
info@wmbacougars.com

For Office Use Only: Fee: _____ Cheque: _____ Cash: _____