

# CFR 2010 REGISTRATION

Return to: CFR Little League, PO Box 23075, Ottawa, ON K2A 4E2



## PLAYER INFORMATION

Last Name: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Given Name: \_\_\_\_\_ Age as of April 30, 2010: \_\_\_\_\_

## HOME ADDRESS (primary)

Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Parents/Guardians Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ e-mail address \_\_\_\_\_  
 \_\_\_\_\_ 613- \_\_\_\_\_

## HOME ADDRESS (alternate)

Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Parents/Guardians Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

## WAIVER

In consideration of the Carlingwood-Frank Ryan Little League Baseball (CFR) accepting this application, I/we the parents/guardians of the above named child:

- hereby give approval for my/our child/ward to participate in any and all Winter/Spring/Summer Program activities.
- hereby state that my/our child/ward is in proper physical condition to participate in all activities.
- hereby acknowledge that participation could, in some circumstances, result in physical injury.
- hereby assume all risks and hazards incidental to such participation including transportation to and from the activities.
- hereby permit the free use of my/our child's/ward's name, picture and statistics, in all media and multimedia vehicles including radio, television, Internet, newspaper, and all other forms of broadcast, telecast and written account of the Winter/Spring/Summer Program events.

I/We the parents/guardians of the above named applicant and our heirs, executors, administrators and assigns waive release, absolve, indemnify and agree to hold harmless the local CFR, it's organizers, representatives, agents, employees, sponsors, volunteers, supervisors, participants and persons transporting my/our child/ward to and from activities and all persons assisting in CFR Winter/Spring/Summer Program events for any claim arising out of an injury to my/our child/ward as a result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We the parents/guardians of the above named child commit to ensuring my/our child attends the CFR Winter/Spring/Summer Program.

No refunds for Winter Program will be given after registration is confirmed. NSF cheques will be \$20 and Certified Cheque/cash of the new amount will only be accepted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Anyone interesting in volunteering, please indicate in the following section:

Coach  Asst Coach  Convener  Team Administrator  League Executive

Name of Volunteer: \_\_\_\_\_ Phone # \_\_\_\_\_

**Reminder: All Registration fees must include the purchase of a Box of Chocolates or Buyout for the Fundraiser. (Registration Fee + \$60.00 or \$35.00)**

## LEVELS & FEES

Season	Level / Ages	Fee	Time Period
Winter Ball	T-ball* to Majors (6-12)	\$75.00	January - April
Spring Ball	T-Ball (4-6)	\$65.00	May - June
	Coach-Pitch (7-8)	\$90.00	
	Minor (9-10)	\$125.00	
	Major (11-12)	\$125.00	
	Junior (13-14)	\$125.00	
	Senior (15-16)	\$125.00	
	Big League (17-18)	\$225.00	
Summer Competitive	RC and higher	TBD	July - August

Note: for Spring ball fees, 3<sup>rd</sup> child is free.

## PAYMENT (Administration use. Do not complete)

Season	Level	Payment	Fee	Choc \$60	Buyout \$35	Total
Winter Ball	T-Ball _____ RC _____ Minor _____	Cash _____				
Spring Ball	Major _____ Junior _____ Senior _____	Chq _____				
Summer Ball	Big League _____	Subs _____				