



**Bytown Dodgers Baseball Club  
Registration and Waiver form**

Player Information / Guardian Information

Player First Name	Player Last Name	Birth Date (MM/DD/YYYY)
		__/__/____
Home Address (Primary)	City, Province	Postal Code
		____ - ____
Parent's/ Guardian's Name	Home Phone # or Cell #	Email Address
	(____) ____ - ____	
Home Address (Alternate)	City, Province	Postal Code
Parent's/ Guardian's Name	Home Phone # or Cell #	Email Address
	(____) ____ - ____	
Emergency Contact Name	Home Phone # or Cell #	Relationship to player
	(____) ____ - ____	

Medical Conditions or Allergies	Health Card #

**Jersey Size:**  YS  YM  YL  YXL  Adult Small  Adult Med  Adult Large  Adult XL  Adult XXL

1st Choice for Number	2nd Choice for Number	3rd Choice for Number

## Waiver

In consideration of the Bytown Dodgers Baseball Club 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 Bytown Dodgers Baseball Club activities,
- State that my/our child/ward is in proper physical condition to participate in all BDBC (Bytown Dodgers Baseball Club) activities,
- Acknowledge that participation could, in some circumstances, result in physical injury,
- Assume all risks and hazards incidental to such participation including transportation to and from activities,
- Permit the free of use of my 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 Baseball events.

I/We the parent(s)/guardian(s) of the above named applicant and our heirs, executors, administrators and assignees waive release, absolve, indemnify and agree to hold harmless Bytown Dodgers Baseball Club, its organizers, representatives, agents, employees, sponsors, volunteers, supervisors, participants and persons transporting my/our child/ward to and from activities and all persons assisting in Bytown Dodgers Baseball Club 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 the the extent and in the amount covered by accident of liability insurance.

Parent/Guardian Signature	Date

Please make cheques payable to "Bytown Dodgers Baseball Club"

Registration option : complete this form and mail it with payment to:

**Registrar, Bytown Dodgers Baseball Club**  
**1313 Erindale dr, Ottawa, Ontario, K2C 2G3**

Please do not mail cash. OR refer to website for walk in registration dates. NSF cheques will be charged \$35 and a certified cheque/cash of the new amount will only be accepted.