

**BEETON ATHLETIC ASSOCIATION
Box 309, Beeton, Ontario L0G 1A0**

Registration Form

PLAYERS NAME _____

MAILING ADDRESS, GREEN SIGN NUMBER, POSTAL CODE _____

HOME PHONE _____ DATE OF BIRTH _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

I, _____ WILL NOT HOLD THE BEETON ATHLETIC ASSOCIATION OR ANYONE PERTAINING THEREOF TO BE RESPONSIBLE FOR INJURIES OR ACCIDENTS OCCURRING TO THIS PLAYER WHILE TRAVELLING TO, FROM OR DURING A PRACTICE GAME OR BAA FUNCTION.

I hereby acknowledge that local league teams need to be balanced in divisions with more than one team, and player movement may be required mid-year. Yes _____

I HEREBY AGREE TO PAY REGISTRATION IN FULL

SIGNATURE, (PARENT/GUARDIAN) DATE AGE GROUP

I acknowledge that postdated cheques may not be deposited on the exact date. _____

Do you grant permission for the BAA to publish any photos of your child Y N

OFFICE USE ONLY

AMOUNT ENCLOSED _____ CASH _____ CHEQUE _____

DEPOSIT AMOUNT _____ DEPOSIT NUMBER _____

DEPOSIT AMOUNT _____ DEPOSIT NUMBER _____