

# Wiffle Ball Tournament 2020 Team Registration

Team Captains Name: (Over 18yr) \_\_\_\_\_

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our newsletter and info on events  Yes  No

Date of Birth (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

Team Registration Fee \$125.00

HST \$ 16.25

**Total \$141.25**

Payment options:  Cash  Cheque (payable to Smith Brothers Baseball Central Inc)  Visa  MC

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Date: \_\_\_\_\_

## **Payment and Deposit**

- Full payment must be made at time of booking.
- Payment by credit card, debit card, cheque, or cash will be accepted.
- If booking is made less than 14 days prior to contract start date, payment in cash, debit card, or credit card will be accepted. Cheques will not be accepted.
- NSF cheque or charge back: there will be an additional \$25.00 handling fee plus any additional charges that may be occurred by Smith Brothers Baseball Central.

## **Cancellation Policy**

In the event of cancellation, a written cancellation must be provided to SBBC by email to info@baseballcentral.ca, and the following policy shall apply:

- If cancellation is received more than 14 days prior to the contract start date, the registrant will be reimbursed all fees with the exception of a \$50 administrative fee.
- If cancellation is received less than 14 days prior to contract start date no refund will be issued

**\*PLEASE READ CAREFULLY\***

*This Disclaimer of Liability and Release of Claims is to be executed by the participant, or if the participant is a minor, by the participant's parent/guardian. Registration will not be accepted unless it has been executed.*

**Disclaimer:** The participant, including his or her parents/guardians, in signing this registration form, chooses to participate in this program at his or her own risk. Smith Brothers' Baseball Central Inc. accepts no liability for bodily injury, death, property or loss due to any cause whatsoever, including, without limitation, negligence on the part of Smith Brothers' Baseball Central Inc., its elected officials, employees, volunteers, instructors and agents.

**Release:** The participant and his or her parents/guardians waive any and all claims they may now and in the future may have against, and release from all liability and agree not to sue, Smith Brothers' Baseball Central Inc., including its employees, instructors, volunteers and agents. This release includes all claims for bodily injury, death, property, loss or damage of any kind resulting in any way from participation in this program, whether caused by negligence or otherwise.

**Photo waiver:** I hereby give permission Smith Brothers' Baseball Central Inc. to take photographs of my child, children or myself as part of this program. I understand that the photographs may appear in the advertising, on Smith Brothers' Baseball Central Inc. website, and or the Facebook page.

Yes  No

**Terms and Conditions**

- Captains shall supervise their team/group at all times.
- All members of the team/group must stay in the areas being rented by team/group.
- Teams are expected to vacate the play area following their completed games.
- Horseplay will not be tolerated within facility.
- Smith Brothers' Baseball Central Inc. reserves the right to eject any objectionable person.
- Smoking, the consumption of alcohol, and the consumption of non-prescription drugs is prohibited on the Smith Brothers' Baseball Central Inc. property.
- Smith Brothers' Baseball Central Inc. will not be responsible for any damages to or loss of property of the rental user or attendees.
- Users will not bring any pets or domestic animals onto the premises.
- All equipment used must be returned in the same condition. If there is any damage to the property and/or equipment incurred by users, the user will be held responsible. All breakages/damages must be reported to the office. Some or all of the damage deposit will be withheld if there is damage to the building or equipment and this damage was preventable.
- Waste and recyclable containers will be provided. User agrees to appropriately dispose of all garbage generated by the event immediately thereafter.
- Following an incident or accident, an "Incident Report Form" must be completed and submitted to SBBC before departure.

**I confirm that I have read this agreement before signing it and that I understand it and that it is binding not only on me and the participant but also on our helps, executors and assigns. This application will not be accepted unless signed.**

**X**

\_\_\_\_\_  
**Signature of Participant or Parent/Guardian**

\_\_\_\_\_  
**Date**

Participant One's Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our newsletter and info on events  Yes  No

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

**I.C.E. (In Case of Emergency) Health Card Number:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Alternate#:** \_\_\_\_\_

**Does your Child have any Medical Concerns** \_\_\_\_\_

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X

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

Participant Two's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our newsletter and info on events  Yes  No

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

**I.C.E. (In Case of Emergency) Health Card Number:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Alternate#:** \_\_\_\_\_

**Does your Child have any Medical Concerns** \_\_\_\_\_

I confirm that I have read this agreement before signing it and that I understand it and that it is binding not only on me and the participant but also on our helps, executors and assigns. This application will not be accepted unless signed.

X

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

Participant Three's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our newsletter and info on events  Yes  No

Date of Birth (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

<b>I.C.E. (In Case of Emergency) Health Card Number:</b> _____
<b>Contact:</b> _____
<b>Phone#:</b> _____ <b>Alternate#:</b> _____
<b>Does your Child have any Medical Concerns</b> _____

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<u>  X  </u>	_____
Signature of Participant or Parent/Guardian	Date

Participant Four's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our newsletter and info on events  Yes  No

Date of Birth (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

<b>I.C.E. (In Case of Emergency) Health Card Number:</b> _____
<b>Contact:</b> _____
<b>Phone#:</b> _____ <b>Alternate#:</b> _____
<b>Does your Child have any Medical Concerns</b> _____

I confirm that I have read this agreement before signing it and that I understand it and that it is binding not only on me and the participant but also on our helps, executors and assigns. This application will not be accepted unless signed.	
<u>  X  </u>	_____
Signature of Participant or Parent/Guardian	Date

Participant Five's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our newsletter and info on events  Yes  No

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

<b>I.C.E. (In Case of Emergency) Health Card Number:</b> _____ <b>Contact:</b> _____ <b>Phone#:</b> _____ <b>Alternate#:</b> _____ <b>Does your Child have any Medical Concerns</b> _____
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I confirm that I have read this agreement before signing it and that I understand it and that it is binding not only on me and the participant but also on our helps, executors and assigns. This application will not be accepted unless signed.

X  
 \_\_\_\_\_  
**Signature of Participant or Parent/Guardian**

 \_\_\_\_\_  
**Date**