T-Ball, Rally Cap, Female U9: \$70

Female U11 – U18: \$85 Co-ed U11-U18: \$110

Hat: \$20



Deadline to Register: April 3, 2024

2024 Eston Minor Baseball Registration

Please complete **one** registration form **per** participant.

KidSport funding is available for those who qualify & must be applied for prior registration deadline (Apr. 3)

All payment methods are accepted; please make cheques payable to the **Town of Eston**.

Registration is not complete until this form, payment, and e-Pact Medical Form have been received.

First Name: _	La	Last Name:		
Gender: Male F (Please c		Female Date of Birth:(day/mor		(day/month/year)
)24 Divisions (select one):			
 U11 Softb U13 Softb U15 Softb U17 Softb Rally Cap U11 Base U13 Base U15 Base U18 Base 	Baseball – Male (Boball – Male (Boball – Male (Born in ball – Male (Born in ball – Male (Born in ball – Male (Born in	n 2013, 2014) n 2011, 2012) n 2009, 2010) n 2007, 2008) Ov orn in – 2016, 20 2013, 2014, 2015 2011, 2012) 2009, 2010)	verage (2006 17) 5)	birth-year) accepted.
arent/Guardian		1 -	at Niama	
	- 91.d.		st iname:	
	hild:			
Town:			Postal Code:	
Telephone:		E	Email:	

I am interested in helping to coach a team. Yes No

Town of Eston

T-Ball, Rally Cap, Female U9: \$70 Female U11 – U18: \$85 Co-ed U11-U18: \$110 Hat: \$20	Deadline to Register: April 3, 2024
Emergency/Secondary Contact Information:	:
First Name: Telephone: Relationship to Child:	Last Name: Email:
Medical and Background Information:	
	eceive an email containing a link to the e-Pact online dical information previously, you will still be asked
Required Equipment:	
 Baseball/softball glove Batting helmet (with cage for softball) White baseball pants for baseball or Eston Ramblers baseball hat Running shoes or non-metal cleats 	•
Consent:	
	ion is being collected for the purpose of Eston used to update the athlete of upcoming sports
	thlete does so at his/her own risk. The Town of pard is not liable in any way for loss, damage or ogram.
Director and team staff informed of any chainformation as soon as possible. In the even	of the parent/guardian to keep the Recreation ange in the above information as well as medical ent of an injury, if no one can be contacted, staff if deemed necessary. I authorize doctors and eat my child as necessary.
I authorize release of information to the a taken and used for promotional purposes.	ppropriate parties and photos of my child to be
Signature:	Date signed:
OFFICE	USE ONLY
Total:	Receipt:

Staff Initials: