

Heritage Day Baseball Clinic Registration

PLAYER INFORMATION

Name:	Birth date (MM/DD/YYYY):	Health Card #
Gender (Please Circle): Female Male	/ /	

PARENT 1—Primary Contact

PARENT 2—Secondary Contact

Name:	Name:		
Address:	Address:		
City:	Postal Code:	City:	Postal Code:
Email:	Email:		
Home #:	Home #:		
Cell #:	Cell #:		

ADDITIONAL INFORMATION

Heritage Day Hitting Clinic- February 19th (times per age group listed below)

AVAILABLE SESSIONS - (PLEASE CHECK PREFERRED CLINIC BELOW)

<input type="checkbox"/> Heritage Day Hitting Clinic 10 to 12 yrs. Cost: \$30.00 <u>Monday February 19th 9 am to 10:30 am</u>	<input type="checkbox"/> Heritage Day Hitting Clinic 13 to 15 yrs. Cost: \$30.00 <u>Monday February 19th 10:30 am to 12 pm</u>	<input type="checkbox"/> Heritage Day Hitting Clinic 16 to 17 yrs. Cost:\$30.00 <u>Monday February 19th 12 pm- 1:30 pm</u>
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Disclaimer (Please initial each section and sign at the bottom)

____ In consideration of the participant and his/her parent being permitted to register the participants to participate in our programs, I, the undersigned parent/guardian hereby release and discharge Hockeytown and Newbridge Academy from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injuries suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify Hockeytown, Newbridge Academy and its servants, agents and employees and hold them harmless from an in respect of any and all claims, demands, actions and proceedings which may be brought by or on behalf of said child against Hockeytown or Newbridge Academy arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation including all costs and expenses incurred defending any and all claims, demands, actions and proceedings.

____ I hereby give my child permission to be photographed during program activities by Newbridge Academy staff and hereby understand that such photographs become the property of Newbridge Academy and may be used for the purpose of any promotional purposes deemed necessary and/or relevant to our children's program.

____ I hereby understand and agree to Newbridge Academy's Refund Policy that any person looking to withdraw from any program offered by Newbridge Academy will receive a full refund if withdrawing before 30 days prior to the start date or with medical documentation. Any withdraw within 30 days of the start date without medical documentation will result in a credit and can be used toward other programs offered by Newbridge Academy.

Signature: _____ Date: _____

Completed registration forms,
questions and payments can be
emailed or delivered to:

Select your payment type:

DEBIT CASH CHEQUE(s) CREDIT EMT

VISA/MC #: _____ Exp: ____ / ____

Trevor Wamback
902-334-1938

baseball@newbridgeacademy.ca
Newbridge Academy Administration Office at
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