



## REGISTRATION FORM

MISSISSAUGA SOUTHWEST BASEBALL ASSOCIATION  
 Serving Clarkson - Lorne Park, Erin Mills and Sheridan Communities  
 AN AFFILIATE OF MISSISSAUGA RECREATION AND PARKS  
 3195 THE COLLEGEWAY, MISSISSAUGA, ONTARIO L5L 4Z6  
 Phone # 905-607-5875 or Fax # 905-607-5887

[www.msbabaseball.ca](http://www.msbabaseball.ca)

**\*PLEASE PRINT CLEARLY\***

<b>PLAYER'S INFO</b>	Last Name:		First Name:	
	Date of Birth [DD/MM/YYYY]:		Sex M / F	New / Returning
	Street Address:			
	Postal Code:	City:	Phone Number:	
	E-Mail Address:		School:	
	Player's Important Medical Information or Conditions:			
<b>GAURDIAN INFO</b>	Parent/Guardian:		Contact Phone #:	
	Parent/Guardian:		Contact Phone #:	
	Parents/Guardians listed above have a voting membership in MSBA, and should attend the Annual General Meeting			
Comments and Requests:				
<b>LEGAL INFO</b>	Responsibility: I hereby certify the above-mentioned player is a resident of the City of Mississauga. The participant is responsible for his or her own medical coverage. I agree that Mississauga Southwest Baseball Association Inc. (the "Association") will not be liable for any injuries my child or I receive while participating in or attending any game or practice and I further agree not to make any claim or take any proceedings against any other persons or corporations which might claim contribution from or indemnity against the Association under any statute or otherwise. I hereby promise to obey all rules of the Association, to take proper care of the Association's equipment and to be responsible for loss or damage to such equipment.			
	Privacy statement: Any and all information collected will be used only for the purposes of conducting business in the day to day operations of Mississauga Southwest Baseball Association. No information will be used or sold outside of this Association and it affiliates. Also, from time to time it will be necessary for correspondence either through physical or electronic venues.			
Date Signed:		Parent/Guardian Signature:		

PLEASE MAKE CHEQUES PAYABLE TO MSBA

ASSOCIATION USE ONLY

DIVISION: \_\_\_\_\_ CASH: \_\_\_\_\_ CHEQUE: # \_\_\_\_\_

**NSF FEE \$50.00**

NEW PLAYER ID. # \_\_\_\_\_ PROVINCE/COUNTRY \_\_\_\_\_

VIEWED Y / N

**NEW PLAYER'S TO THIS ASSOCIATION MUST PRESENT PROOF OF AGE FOR VIEWING PURPOSES ONLY**

Where did you hear about MSBA ? Please Circle One of the following : TRANSIT BUS WEB SITE ROAD SIGN SCHOOL FLYER

APPROVED CHILD'S FITNESS TAX RECEIPT

*Terry Bartlett*

MSBA REGISTRAR