



FISHER PARK COMMUNITY RECREATION COUNCIL SPRING BASEBALL 2017 REGISTRATION



| X Select | Sport | Age | Day | Dates | Time |
|----------|-----------------|-------------|----------|----------------|----------|
| | T-Ball | SK/Grade 1 | Thursday | Apr 27-June 22 | 6-7 p.m. |
| | Peanut Softball | Grade 2/3/4 | Thursday | Apr 27-June 22 | 6-7 p.m. |
| | Softball | Grade 5/6/7 | Thursday | Apr 27-June 22 | 7-8 p.m. |

\$80/per child \$130/2 children \$160/3 children *Payment by CASH or CHEQUE ONLY*

Child's Name: _____ Age: _____ Male or Female
 Home Phone: () _____ Cell Phone: () _____
 Address: _____ Postal Code: _____

Parent/Guardian Names: _____

Email (print clearly): _____

() I agree to receive e-mail updates and programming information from Fisher Park Community Centre and the Fisher Park Recreation Council

Health or Special Needs: _____

Emergency Contact: _____ Phone: () _____



| | | | |
|---------------------------------------|--------------|-----------------|----------------|
| <u>I Want To Help!</u> | Coach a Team | Assistant Coach | Team Volunteer |
| Circle one! | | | |
| Name: email: phone: | | | |



I do hereby waive any claims against the City of Ottawa and the Fisher Park Community Recreation Council in the event of any injury or accident that may be sustained while attending or taking part in this program. *Children must be supervised at all times.*
 Parents (or a designated person) are responsible for supervising their child/children during the Baseball Program.

Date _____ Signature _____

If it is possible to do so, we will attempt to accommodate any special requests. Please indicate in this space if your child

-wants to be on a certain team _____

-wants play on the same team with a friend (2 names maximum) _____

*** Please complete information below***

Receipt # _____ Amount \$ _____



Fisher Park Community Recreation Council Receipt
 250 Holland Ave. Ottawa, ON. K1Y 0Y5

Fisher Park Spring Baseball 2017

April 27 to June 22 – 9 Weeks

Fees Paid: \$.....

Eligible for Child Tax Credit? Yes

Received From: Date :

Child's Name Year Of Birth.....

Staff Signature: Receipt #:.....