



**Kahnawá:ke Minor Baseball  
Athlete Registration Form  
2022 Season**

<input type="checkbox"/> T-Ball - \$60	<input type="checkbox"/> Pee Wee Girls U13 - \$120
<input type="checkbox"/> Atom Mixed U9 - \$120	<input type="checkbox"/> Bantam Mixed U15 - \$120
<input type="checkbox"/> Atom Girls U9 - \$120	<input type="checkbox"/> Bantam Girls U15 - \$120
<input type="checkbox"/> Mosquito Mixed U11 - \$120	<input type="checkbox"/> Midget Mixed U18 - \$150
<input type="checkbox"/> Mosquito Girls U11 - \$120	<input type="checkbox"/> Midget Girls U18 - \$150
<input type="checkbox"/> Pee Wee Mixed U13 - \$120	<input type="checkbox"/> Junior U22 - \$150

Athlete's Name: \_\_\_\_\_ M F  
(as it appears on his/her MEDICARE CARD)

Athlete's Date of Birth (DD/MM/YY): \_\_\_\_\_

Athlete's Medicare Number: \_\_\_\_\_

Athlete's Medical Conditions:  
(If Any) \_\_\_\_\_

Athlete's Phone Number: \_\_\_\_\_

Athlete's Mailing Address: \_\_\_\_\_

Athlete Lives With (Circle One):    Father          Mother          Both          Shared Custody  
Other: \_\_\_\_\_

Parent 1 \_\_\_\_\_

Parent 1 Cell \_\_\_\_\_

Parent 2 \_\_\_\_\_

Parent 2 Cell \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian