



**Oakville Little League  
2018 Summer Baseball Camp  
Week 1: July 9th - 13th  
Week 2: July 16th - 20th  
Week 3: July 23rd - 27th  
Ages 7-10**

**2018 Registration Form**

**Player's Name**

**Player's Date of Birth (MM/DD/YYYY)** \_\_\_ / \_\_\_ / \_\_\_\_

**Indicate Which Week Being Registered:** Week 1 \_\_\_ Week 2 \_\_\_ Week 3 \_\_\_

**Allergies/Medical Concerns:**

**Parent's Name**

**Street Address**

**City**

**Prov.**

**Postal  
Code**

**Home Phone #**

**Cell Phone #:**

**Email Address**

**METHOD OF PAYMENT** (15% discount applied to additional registrations from same family)

**Amount Paid:**

**Cash**

**Cheque**

**No. of Players**

**Visa / Mastercard**

**Expiry  
(MM/YY)**

**/**

**REFUND POLICY:**

Refunds for players' FULL registration LESS a \$25.00 administration fee will be granted up to **June 30, 2018**

**WAIVER**

I understand and acknowledge that Oakville Little League and Pro Teach Baseball will assume no responsibility for injuries however caused during participation in the Oakville Little League Summer Baseball Camp.

I understand and acknowledge that Oakville Little League has my agreement and consent for the collection, use and disclosure of personal information as required as it applies to the administration and operation of Oakville Little League Baseball.

**Signed:**

**Dated:**

If paying by Credit Card, fax completed form to: Oakville Little League at 289-295-0278 or scan and email the form to oll\_treasurer@outlook.com

If paying by cash or cheque complete form and deliver to:

**Oakville Little League, 425 Cornwall Road, Oakville, ON L6J 7S4**