



YORK REGION MEN'S BASEBALL LEAGUE 2021 PLAYER REGISTRATION FORM

Complete and Mail or E-mail Form To:

York Region Men's Baseball League, 210-28 Harrison Garden Blvd., Toronto, ONT, M2N 7B5

E-mail: info@yrmb.com

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Preferred method of contact (please select one [1]): E-Mail _____ Phone _____

Playing Background

Years of hardball experience: _____

Have you played rep or a higher level baseball in the past 3 seasons? Yes ___ No ___

Previous League(s): _____

Player Information

Date of Birth(dd/mm/yyyy): ____/____/____

Height: _____ Weight: _____ lbs

Jersey Size: S ___ M ___ L ___ XL ___ XXL ___ Jersey # (not guaranteed): _____

Bats: Right ___ Left ___ Switch ___ Throws: Right ___ Left ___

Primary Position: _____ Secondary Position: _____

Other Position(s): _____

Walk-Out Music: _____

(Optional. It can be changed at any time, players may select any song from any starting point.)

Comments: _____

Payment Information

Name: _____
(Print the name exactly as it appears on the credit card)

VISA___ MASTERCARD___

Amount charged: \$ _____ Card #: _____

Exp. Date: ____/____ CVV(# on back of card): _____

Cardholder Signature

****Full payment is required upon registering, a non-refundable amount of \$100 applies. Cash Payments must be arranged in person, **do not** send cash in the mail.****

My signature acknowledges the understanding of my responsibility to the League, my fellow teammates to be present at all team & league functions whenever possible, and the reading of all Registration material. I hereby agree to sign the league Waiver Form accompanied if necessary by proper documentation prior to the start of the season.

Signature of Participant

FOR LEAGUE USE

Date of Receipt of Registration: _____
Form of Payment: CC: _____ Cash: _____
Registration Number: _____ 2020 Team: _____