



Registration Form

Name of Athlete -

Age -

Positions Played -

Last Level Played -

Name of Parents or Guardians -

Address -

Telephone Number -

Email Address -

Emergency Contact Number -

T-Shirt Size -

Hat Size -

Short Size -

I, _____ am the legal Parent or Guardian of _____ . I will be responsible for any and all costs associated with this registration form. I will pay the 1st and last months fees before my son/daughter is allowed to participate in the 5 Tool Baseball Academy. I am also aware that my child will not be allowed to participate if I do not keep my payment schedule up to date. I agree to the following conditions.

Name of Legal Parent/Guardian

Signature

Date

Payments can be made in person at 5 Tool Fieldhouse by cash, credit or debit. Cheques must be made out to 5 Tool Marketing Inc. Registrations and E-Transfers can be emailed to Marina at registrar@5toolfieldhouse.com. Contact us at 780-752-8665 for any questions.