

Lambrick Park Secondary School

JUNIOR Baseball/Softball Academy Application

Applicants Name: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____

Birthdate: _____ Current Grade: _____ Age: _____ Gender: _____

Health Care Card#: _____ Medical Alert: _____

Family Doctor: _____ Doctor's Phone: _____

Emergency Contact: _____ Relationship: _____

Contact's Home Phone: _____ Cell Phone: _____

Last Team: _____ Other: _____

References/Coaches Name: _____ Coaches Contact: _____

Parent/Guardian Signature

I grant my son/daughter permission to participate in the program indicated above. I certify that all statements on this application are true and complete.

Signature: _____ Date: _____

Parents Email: _____ Cell Phone: _____

Deposit Fee: Non-refundable (Septembers payment)

- ❖ Cheque payable to Lambrick Park Secondary School, monthly payments can be made online
- ❖ Please submit aa non-refundable deposit with your completed application form
- ❖ \$150.00 per month(September - November and January - May)

Total yearly fee: **\$1200.00**