



Lambrick Park Secondary School Baseball Academy Application Form

Personal Info	Applicants Name: _____ Last First Middle
	Mailing Address: _____ Current Grade _____ Age: _____
	City: _____ Prov. _____ Postal Code _____
	Home Phone: _____ Birthdate: _____ Gender M F YY/MM/DD
	Current School: _____ School District: _____
	Email Address: _____

Emergency Info	Health Care Card #: _____ Allergies: _____
	Family Doctor: _____ Doctor's Phone: _____
	Emergency Contact: _____ Relationship: _____
	Contact's Home Phone: _____ Cell Phone: _____

Sports Info	Last Team: _____ Other References: _____
	Coaches Name _____
	Coaches Contact #: _____

Signatures	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: _____
	Parent's E Mail: _____ Cell Phone: _____
	Parent/Guardian name: _____ Date: _____
	How did you hear about the Program? _____

Monthly Fee	\$150.00 per month
	Total yearly fee: \$1500.00
	<small>We do require a \$150 non-refundable deposit to process the registration fee. This deposit will be used for the Sept 2023 monthly fee for those that attend in Sept.</small>