



## Township of Huron-Kinloss 2022 Summer Sports Registration Form

### FAMILY INFORMATION

Parent Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Are you willing to Coach?:  Yes  No

If Yes, which team?: \_\_\_\_\_

**\* All UNIFORM DEPOSIT cheques must be POST-DATED for August 31<sup>st</sup> 2022 and submitted at time of registration**

Registration forms can be brought to the Ripley Huron Community Centre's (RHCC) Admin. Office during business hours, placed in the recreation drop box beside the Facilities Office in the lobby of the RHCC, dropped off in the mail slot of the Municipal Office or emailed to myoung@huronkinloss.com

**Please make cheques payable to:**

**"The Township of Huron-Kinloss"**

	Participant Name	Date of Birth	Uniform Deposit Amount	Registration Amount
1				
2				
3				
4				
5				

**BASEBALL** - A Ripley Minor Baseball hat is required for all Rookie Ball players and up.

Please checkmark the program that each child will participate in.				Participant				
Year of Birth	Division	Fee	Uniform Deposit	1	2	3	4	5
2018/2019	Blastball (U4) (8 weeks)	\$50	N/A					
2017/2018/2019	T-Ball (U5) (8 weeks)	\$50	N/A					
2015-2016	Minor Rookie (U7) (May-Aug)	\$100	\$100					
2013-2014	WOBA Rookie Ball (U9) (May – Aug)	\$150	\$100					
2011-2012	WOBA Mosquito (U11) (May-Aug)	\$165	\$100					
2009-2010	WOBA Peewee (U13) (May-Aug)	\$165	\$100					
2007-2008	WOBA Bantam (U15) (May-Aug)	\$175	\$100					
<b>Would you like to purchase a new Ripley Minor Baseball Hat this year? \$10 each.</b>								

**OBA Level BASEBALL – please checkmark if you would be interested in OBA Level Baseball**

Year of Birth	Division	Fee	Uniform Deposit	1	2	3	4	5
2011-2012	<b>OBA</b> Mosquito (Tryouts)	N/A – TBD	\$100					
2009-2010	<b>OBA</b> Peewee (Tryouts)	N/A – TBD	\$100					
2007-2008	<b>OBA</b> Bantam (Tryouts)	N/A – TBD	\$100					

### SOCCER

Year of Birth	Division	Fee	Uniform Deposit	1	2	3	4	5
2018/2019	Under 4 (8 weeks)	\$45	N/A					
2016/2017	Under 6 (8 weeks)	\$65	N/A					
2014-2015	Under 8 (May-Aug)	\$90	\$50					
2012-2013	Under 10 (May-Aug)	\$90	\$50					
2010-2011	Under 12 (May-Aug)	\$105	\$50					
2007/2008/2009	Under 15 (May-Aug)	\$105	\$50					

**Total Registration Amount: \$ \_\_\_\_\_**

**Total Uniform Deposit Amount: \$ \_\_\_\_\_**

## PHOTO AND VIDEO CONSENT AND RELEASE

By signing this form, you are consenting to the taking of photographs and/or video recordings of your child by the Township of Huron-Kinloss for the purposes of marketing and promoting programs. You are assigning to the Township of Huron-Kinloss and waiving any rights you have related to any photographs and video recordings and you are consenting to the use of such photographs and/or video recordings, in whole or in part, by the Township of Huron-Kinloss. I hereby agree to allow photographs and/or video recordings to be taken of my child, whether posed or candid, while he/she is on Township of Huron-Kinloss property and/or participating in Township of Huron-Kinloss programs.

**Please Initial:** \_\_\_\_\_

## ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While Township of Huron-Kinloss staff and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Registrant's participation in a Township of Huron-Kinloss program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the program, to participate in various physical activities that may involve a risk of injury. In this regard, I hereby permit the Registrant to participate in the full range of Program activities. In consideration of the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and hold harmless the Township of Huron-Kinloss, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns from any and all liability for damages sustained in consequences of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program. **Please Initial:** \_\_\_\_\_

## DISCLAIMER

All programs are subject to change or cancellation due to low enrolment numbers, lack of volunteers or other unforeseen circumstances that are prohibitive to the operations of the program. **Please Initial:** \_\_\_\_\_

## MUNICIPAL FREEDOM OF INFORMATION AND PRIVACY ACT

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the Authority of the Municipal Act, R.S.O. 1990, c.M45, as amended, and will only be used for the purpose of maintaining adequate records of participation and enrollment in recreation programs and for medical information when required in emergency situations. **Please Initial:** \_\_\_\_\_

## ROWAN'S LAW

Under Rowan's Law, before any player can be registered with the local association and Baseball Ontario, the player, and the parent or legal guardian of the player if the player is under 18 years of age, must review one of the Concussion Education Resources provided by the Province of Ontario and must review the Player Code of Conduct. Links to these resources are provided here and will open in a separate window:

Province of Ontario Concussion Education Resources – Read [here](#):

Baseball Ontario Player Code of Conduct – Read [here](#):

## Rowan's Law Acknowledgement:

I hereby confirm that the player being registered to participate in baseball activities with the local association and Baseball Ontario, and the parent or legal guardian of the player being registered if the player is under 18 years of age, have reviewed one of the concussion education resources provided by the Province of Ontario as referenced above and have reviewed the player code of conduct as referenced above. I / we further acknowledge understanding the nature and risk of concussion and head injury to athletes, including the risks of continuing to play after a concussion or head injury is suspected. **Please initial:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# SUMMER SPORTS



## SUMMER SPORTS COMMITTEE

CALL FOR NEW MEMBERS!  
MAKE AN IMPACT ON LOCAL  
MINOR SPORTS PROGRAMMING &  
MEET NEW PEOPLE!

4 - 6 MEETINGS PER YEAR  
INTERESTED IN JOINING THE  
RIPLEY SUMMER SPORTS COMMITTEE?

CONTACT MAGGIE  
[MYOUNG@HURONKINLOSS.COM](mailto:MYOUNG@HURONKINLOSS.COM)



FOR MORE  
**INFO** // // CONTACT  
MAGGIE // // 519-395-2909  
RECREATION@HURONKINLOSS.COM

