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**