



# Lambrick Park Secondary School



## Baseball/Softball Academy Application Form

Baseball OR  
Softball

Please email completed forms to [lambrickpark@sd61.bc.ca](mailto:lambrickpark@sd61.bc.ca)

Indicate your program of choice here (Baseball or Softball):

\_\_\_\_\_

Personal Info

Applicant's Name: \_\_\_\_\_  
(Last/Middle/First)

Mailing Address: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(YY/MM/DD)

Current School: \_\_\_\_\_ School District: \_\_\_\_\_

Email Address (Parent/guardian): \_\_\_\_\_

Emergency  
Info

Health Care Card #: \_\_\_\_\_ Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Monthl  
yFee

\$150.00 per month

Total yearly fee: **\$1500.00**

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.

Submit your application to [lambrickpark@sd61.bc.ca](mailto:lambrickpark@sd61.bc.ca) and a confirmation email will be sent to you with a link to make your deposit online.