



DOUGLAS

RECREATION

2017 SUMMER SPORTS PROGRAMS

YOUTH FAST BALL

REGISTER AT DOUGLAS REC BUILDING
APRIL 1 9:30-10:30AM & APRIL 3 6:30-8PM
TBALL \$20, BUMBLEBEE/MITE/SQUIRT \$40,
PEEWEE/MIDGET \$50, FAMILY OF 3 OR MORE \$100
SHIRTS REQUIRE A \$15 DEPOSIT, FOR MORE INFORMATION
CONTACT ANGELA 649-2598 or mchalea24@gmail.com

MIXED ADULT BEACH VOLLEYBALL

THURSDAY NIGHTS 7-10PM, \$150/TEAM
RUNS MID MAY TO EARLY AUGUST
2 DIVISIONS: RECREATIONAL & COMPETITIVE
REGISTER BY APR. 28 OR FOR MORE INFORMATION
CONTACT DAWN AT 649-2000 or dawnafelskie@hotmail.com

YOUTH BEACH VOLLEYBALL

CERTIFIED INSTRUCTOR THROUGH ONTARIO VOLLEYBALL ASSOCIATION
BOYS & GIRLS AGES 9-12, \$80/PLAYER
RUNS SUNDAY NIGHTS 6-8PM, JULY 16 - AUG 6TH
INCLUDES T-SHIRT, MEDALS, REFRESHMENTS EACH NIGHT
& A YEAREND TOURNAMENT WITH BBQ
REGISTER BY JULY 3rd OR FOR MORE INFORMATION
CONTACT DAVE AT 633-2613 or d_dobson@hotmail.com

Please visit <http://www.admastonbromley.com/recreation.php> or
find us on Facebook under Douglas Recreation for more details.

**DOUGLAS
MINOR BALL
REGISTRATION 2017**

Completed registration forms with payment can be returned to
Angela McHale
613-649-2598
28 McHale St, Douglas ON
K0J 1S0
Cheques made payable
Douglas Recreation Committee

Family Rate for 3 or more \$100

T-Ball \$20 / Bumblebee/ Mites/Squirt: \$40 *** Peewee/ Bantam/Midget: \$50*****

T-Ball – Born 2011-2012
Bumblebee – Born 2009-2010

Mites – Born 2007-2008
Squirt/Atom – Born 2005-2006
Peewee – Born 2003-2004

Bantam/Midget – Born 2000-2001&2002

Each player must purchase their own helmet
PLAYER REGISTRATION – PLEASE PRINT CLEARLY

NAME: _____ MALE _____ FEMALE _____

DATE OF BIRTH: (DD/MM/YYYY) ____ / ____ / ____ AGE AS OF JAN 1, 2017 _____

ADDRESS _____

PARENT/LEGAL GUARDIAN(S) _____ PH# _____

EMAIL: _____

Mother Cell: _____ Father Cell: _____

ALLERGIES/MEDICAL PROBLEMS _____

PARENT/GUARDIAN'S AUTHORIZATION

I hereby give permission for the above mentioned child to play ball under the auspices of Douglas Minor Ball and the Upper Ottawa Valley Minor Fastball League and give authorization for my child to receive emergency treatment in the event of an accident or injury. Officials or coaches will not be held responsible for any injury incurred while playing ball.

SIGNATURE: _____ DATE: _____

VOLUNTEERS REQUIRED

We need your help, please put your name in an area that you could help:
(Great opportunity for student volunteer hours)

Base Umpire (volunteer): _____

Coach / Assistant Coach: _____

Plate Umpire (paid): _____

Tournament Helpers (scorekeepers, etc): _____

T-shirt required: YES / NO Size _____ \$15.00 _____

Amount paid _____ cheque / cash Receipt given _____