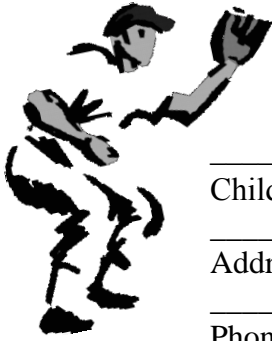


BOYS FALL BASEBALL REGISTRATION



PLEASE PRINT ALL INFORMATION CLEARLY

Child's Last Name

Child's First Name

_____/_____/_____
Birth Date

Address (Washington Township)

City

Zip Code

Phone Number

School

Grade

SHIRT SIZE (Please Circle)

Youth M L

Adult S M L XL

THE NAME OF THE PARENTS/GUARDIANS WHO THE CHILD LIVES WITH

(Last, First)

(Last, First)

DAD'S HOME NUMBER

MOM'S HOME NUMBER

GUARDIAN'S HOME NUMBER

DAD'S WORK NUMBER

MOM'S WORK NUMBER

GUARDIAN'S WORK NUMBER

DAD'S CELL NUMBER

MOM'S CELL NUMBER

GUARDIAN'S CELL NUMBER

Dad's E-Mail Address for Mailings

Mom's E-Mail Address for Mailings

Guardian's E-Mail Address for Mailings

There is always a need for extra hands in this organization. (Please circle below if interested)

Coach

Ass't. Coach

Grounds

Team Mom / Dad

Name and relationship to participant _____

CONSENT, RELEASE OF LIABILITY, AND WAIVER

We hereby give our consent for our child, _____ to participate in the AJAA baseball program. We understand that our child's involvement in this program is voluntary and involves the risk of injury to our child. In the event our child is injured, we agree that the coach or his/her representative may provide, but has no duty to, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services. We further agree that we will assume financial obligations connected with any medical treatment provided to our child. We hereby release and discharge the AJAA, its members, and all personnel associated with this program from all claims for any liability, injury, loss or damage in any way connected with our child's involvement with this program whether or not caused in whole or in part by the negligence of the AJAA, its members, or any personnel involved in this program. We also agree that we are financially responsible for any damage caused by our child.

WE HAVE READ THIS CONSENT, RELEASE OF LIABILITY, AND WAIVER AND AGREE TO BE BOUND BY THE TEARMS HEREIN.

Parent/Guardian Signature

_____/_____/_____
Date

**PLEASE CHECK WHICH LEAGUE PLAYER WILL PARTICIPATE IN:
PLAYERS AGE AS OF APRIL 30, 2011**

9-10 YEAR OLDS _____

11-12 YEAR OLDS _____

13 - 15 YEAR OLD _____

ALL LEAGUES ARE SUBJECT TO CANCELLATION WITHOUT ADEQUATE PARTICIPATION

BLUE - OFFICE COPY

GREEN - COACH'S COPY

WHITE - COACH'S COPY