

SCOTTSVILLE ATHLETIC ASSOCIATION

Est. 1997

SAA 2011 Youth Program Registration

- Baseball -

P.O. BOX 183 SCOTTSVILLE, NY 14546

WWW.SCOTTSVILLEATHLETIC.ORG

<u>Baseball Registration Fees</u>	<u>Amount</u>	<u>SAA Use Only</u>
Please circle the Program you are registering for.	Fee _____	Reg #: _____
T-Ball (age 4* - 6) Team hats and shirts provided * Must be Kindergarten eligible \$ 45.00	Select + _____	Related #: _____
Coach Pitch (age 7 - 8) Team hats and shirts provided \$ 45.00	Other + _____	Amt Paid: _____
Minors (grades 3 & 4) Team hat, shirt, and pants provided \$ 70.00	Subtotal _____	Other: _____
Majors (grades 5 & 6 **) Team hat, shirt, and pants provided \$ 70.00	=====	Check #: _____
Ponies (13 & 14 yrs old) Team hat and shirt provided \$ 70.00	Total Fee _____	Rec'd By: _____

Uniform sizing: Shirts (all levels)

AL AM AS YL YM YS

Pants (Minors and Majors only)

AL AM AS YL YM YS

Sizing as follows: AL=adult large, AM=adult med, AS=adult small YL= youth large, YM=youth med, YS=youth small. Youth XL please use adult sizing

Child Name: _____ M / F Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip _____

E-mail address: _____ Home Phone: _____

Mobile Phone #1 _____ Mobile Phone #2 _____

Physical Limitations (if any): _____

I the parent/guardian of the above named child, hereby give my approval to participate in any and all program activities, including transportation to and from the activities. I know that participation in these programs may result in serious injuries and that protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Scottsville Athletic Association, Inc. (SAA), the organizers, supervisors, participants and persons transporting my child whether the result of negligence or any other cause, except to the extent and in the amount covered by insurance. I authorize SAA and its representatives to seek and obtain medical aid for the above named child if such child should sustain an injury while participating in an SAA Program and in their judgment such action is warranted.

Parent/Guardian Signature: _____

Volunteer Help needed

Head Coach Asst Coach Umpire/Ref Committee Other

** SAA accepts specific team and/or coach requests, but cannot guarantee placement. SAA reserves the right for player team and/or coach assignment. SAA reserves the right to utilize pictures of participants for SAA Program promotion (i.e., SAA web site, sponsor plaques).