

# SCOTTSVILLE ATHLETIC ASSOCIATION

Est. 1997

## SAA 2010 Youth Program Registration

### - Baseball -

P.O. BOX 183 SCOTTSVILLE, NY 14546

WWW.SCOTTSVILLEATHLETIC.ORG

<u>Baseball Registration Fees</u>	<u>Early</u>	<u>Regular</u>	<u>Amount</u>	<u>SAA Use Only</u>
<b>Please circle the Program you are registering for.</b>				
T-Ball (age 4* - 6).....	\$ 55.00.....	\$ 75.00	Fee	Reg #: _____
Coach Pitch (age 7 – 8).....	\$ 55.00.....	\$ 75.00	Select + _____	Related #: _____
Minors (grades 3 & 4) .....	\$ 70.00.....	\$ 90.00	Other + _____	Amt Paid: _____
Majors (grades 5 & 6 **). .....	\$ 70.00.....	\$ 90.00	Subtotal _____	Other: _____
EARLY fees apply for registrations <u>received by</u> April 15, 2009. REGULAR fees apply <u>after</u> April 15, 2009.			Discount - _____	Check #: _____
			<b>Total Fee</b> = = = _____	Rec'd By: _____

\* Must be Kindergarten eligible

\*\* 7th graders are eligible for Majors if they are not older than 12 years by May 1<sup>st</sup> and do not play Modified or higher level ball

Uniform sizing: Shirts (all levels) AL AM AS YL YM YS  
Pants (Minors and Majors only) AL AM AS YL YM YS

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).