

SCOTTSVILLE ATHLETIC ASSOCIATION

Est. 1997

P.O. Box 183 Scottsville, NY 14546

SAA 2016 Youth Program Registration

- Baseball -

Baseball Registration Fees Dates subject to change	Amount	SAA Use Only
Please circle the Program you are registering for.		
T-Ball (age 4* - 6) Tuesday and Thursday <i>Team hats and shirts provided</i> * Must be Kindergarten eligible April 26 th - June 2nd	\$50.00	Reg #: _____
Coach Pitch (grades 1 & 2) Tuesday and Thursday <i>Team hats and shirts provided</i> April 26 th - June 9th	\$50.00	Related #: _____
Minors (grades 3 & 4) Tuesday, Thursday, Saturday <i>Team hat, shirt, and pants provided</i> April 4 th - June 11th	\$80.00	Amt Paid: _____
Majors (grades 5 & 6) Monday, Wednesday and Saturdays <i>Team hat, shirt, and pants provided</i> April 4 th -June 11th	\$80.00	Other: _____
	Fee _____	Check #: _____
	Select + _____	Rec'd By: _____
	Other + _____	
	Subtotal _____	
	Total Fee _____	

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: _____

Grade _____

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).