



**TRAVEL REGISTRATION  
& PAYMENT SCHEDULE  
FOR THE 2016 - 2017 SEASON**



SCOTTSVILLE ATHLETIC ASSOCIATION  
P.O. BOX 183 SCOTTSVILLE, NY 14546

VISIT SAA ON THE WORLD WIDE WEB  
@ WWW.SCOTTSVILLEATHLETIC.ORG

**Payment Options:**

**Option #1:** Pay in full by **November 5, 2016**

**Option #2:** \$260.00 can be split into two payments:

First Payment: **DEPOSIT** of \$130.00 due November 5, 2016

**Second Payment: BALANCE of \$130.00 due March 1, 2017**

**Discount** - \$10 for each registration **after** two full fees paid for same program

**Returned Check Fee** - \$25 SAA processing fee applied for each returned check

	AMOUNT
Fee	_____
Other (+)	_____
Sub-total	_____
Discount (-)	_____
<b>Total Fee</b>	_____

SAA USE ONLY	
Reg #:	_____
Related #:	_____
Amt Paid:	_____
Other:	_____
Check:	_____
Rec'd By:	_____

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent / Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Uniform Size (circle one): YM YL YXL AS AM AL AXL

Email Address: \_\_\_\_\_

Medical Conditions / Medications: \_\_\_\_\_

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. By signing below, I am taking financial responsibility for myself, my children, or any fans that are associated to my family.

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\* 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).