

SCOTTSVILLE ATHLETIC ASSOCIATION

Est. 1997

SAA 2017 Youth Program Registration

- Baseball -

P.O. BOX 183 SCOTTSVILLE, NY 14546

| <u>Baseball Registration Fees</u> <u>Dates subject to change</u> | <u>Amount</u> | <u>SAA Use Only</u> |
|--|----------------------------|---------------------|
| 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 24 th - June 8 nd | \$50.00 | Reg #: _____ |
| Coach Pitch (grades 1 & 2) Tuesday and Thursday <i>Team hats and shirts provided</i> April 24 th - June 8 th | \$50.00 | Related #: _____ |
| Minors (grades 3 & 4) Tuesday, Thursday, Saturday <i>Team hat, shirt, and pants provided</i> April 4 th - June 10 th | \$80.00 | Amt Paid: _____ |
| Majors (grades 5 & 6) Monday, Wednesday and Saturdays <i>Team hat, shirt, and pants provided</i> April 4 th -June 10 th | \$80.00 | Other: _____ |
| | Fee _____ | Check #: _____ |
| | Select + _____ | Rec'd By: _____ |
| | Other + _____ | |
| | Subtotal _____ | |
| | Total Fee _____ | |

Or register today at www.scottsvilleathletic.org

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: _____

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.

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).