

Matthews Athletic & Recreation Association

P.O. Box 1023

Matthews, N.C. 28106

PLEASE PRINT LEGIBLY

Family Information			
_____ Father's First Name	_____ Parents' Last Name	_____ Mother's First Name	
_____ Street Address and Mailing Address			
_____ City	_____ County	_____ State	_____ Zip
_____ Home Phone	_____ Father's Cell Phone	_____ Mother's Cell Phone	
email address _____			

League / Age Group

FEES PAID	
WITH THIS APPLICATION Sign-up Committee Person Will Complete the Following	
1 - Contribution	\$ _____
2 - Baseball	\$ _____
3 - Softball	\$ _____
4 - Football	\$ _____
5 - Basketball	\$ _____
6 - Other	\$ _____
7 - _____	\$ _____
Total Amount Due	\$ _____
Amount Paid	\$ _____
Balance Due	\$ _____
Cash _____	Check _____
	CC _____

Capital Contribution			
<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> OTHER
<i>Thank you for your support.</i>			

Athlete's Information			
_____ First Name	_____ Last Name	____/____/____ Date of Birth	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL
Special Needs or Medical Requirements			
Shirt Size _____ Pant Size _____			

I/We, the parent(s) of the above named candidate for a position on an athletic team sponsored by the Matthews Athletic & Recreation Association, hereby give my/our approval to his/her participation in any and all team activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Matthews Athletic & Recreation Association, Arthur Goodman Memorial Park, the organizers, sponsors, coaches, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of any injury to my/our son/daughter.

I/We, the parent(s) of the above named candidate, believe that participation in the athletic programs and other activities at Arthur Goodman Memorial Park are beneficial and helpful in the development of my/our child. I/We also understand that the Park is self-sustaining and therefore, the construction and maintenance of Park facilities are carried on entirely by interested mothers, fathers, and friends of the children. I acknowledge that MARA is a non-profit volunteer organization and I agree to volunteer **one/two hours of time per sport per season assisting in concession duties or field maintenance.**

Volunteer List

- | | | |
|--------------------------|-----------------------------|----------------------------|
| _____ 1. Team Sponsor | _____ 4. Challenge Baseball | _____ 7. Concession |
| _____ 2. Head Coach | _____ 5. Team Parent | _____ 8. Scorekeeper |
| _____ 3. Assistant Coach | _____ 6. Fund-Raising | _____ 9. Field Maintenance |

I / we certify the information given here is correct and I / we will furnish a Birth Certificate of the above named candidate upon request.

This _____ day of _____, 20 _____.

Parent Signature