

2018 RHAA Registration Form

First Name:	Date of Birth:	Parent/Guardian Information	Parent 1	Parent 2	Emergency Contact	
Last Name:	Gender: Male ____ Female ____		Last Name:			
Street Address:			First Name:			
City:	Zip:		Phone Number:			
RH School: _____ (Enter school child WOULD attend if not currently attending in RH district.)			Email 1:			
Proof of Residency: _____			Email 2:			

Baseball Leagues		
<small>(Born on or before 08/31/2005 — circle age as of April 30, 2018. Born on or after 9/1/2005 — circle</small>		
Tee Ball	5	6
Rookie	7	8
Minor	9	10
Major	11	12
Junior	13	14
Senior	15	16
Big League	17	18

Softball Leagues				
<small>(circle age as of December 31, 2017)</small>				
Rookie	6	7	8	
Minor	9	10		
Major	11	12		
Senior	13	14	15	16

Health Concerns:
Comments:

Uniform Sizes (Please circle one size from each)	
Shirt	YS YM YL AS AM AL AXL
Pants	YS YM YL YXL AS AM AL AXL

Volunteering	
I'm interested in helping with:	
Head Coaching	
Assistant Coaching	
Field Maintenance	
July 4th Fundraiser	
Umpiring	
Skills Showcase/Fundraising	
Concession Stand Helper	
Other: _____	

I, the parent or legal guardian of _____, agree to the terms and conditions of the following:

I hereby give my approval for the above named child to participate in the RUSH-HENRIETTA ATHLETIC ASSOCIATION Youth Baseball/Softball Program and Activities. I waive, release, absolve, indemnify, and agree to hold harmless Little League International, the Rush-Henrietta Athletic Association, their League Officers, Board Members, Sponsors, Supervisors, Participants and persons transporting the above named child to or from RHAA activities, from any claim arising out of injury to the above named child beyond the extend covered by accident or liability insurance. I also attest that the above named child is in good physical condition at present and has my permission to engage in all activities. I hereby give my permission for the adult in charge to secure the services of a licensed physician and proper medical treatment for any injury he/she deems necessary. I expect to be notified immediately. If I cannot be reached in an emergency, the person noted in the above form is authorized to act on my behalf.

RHAA and/or Little League International insurance coverage is in excess of all other valid and collectible individual or group accident and/or health insurance in force at the time of accident causing loss. You must first file a claim with your own health insurance carrier before our coverage applies. All costs remaining will be subject to the applicable deductible.

Signature of Parent/Guardian: _____ **Date:** _____