

ARDSLEY NORTH HILLS ATHLETIC ASSOCIATION BASEBALL/SOFTBALL REGISTRATION FORM 2010

Last Name _____ First Name _____

Street Address _____

City _____ State **PA** Zip _____

Telephone: home _____ work _____ other _____

Email Address _____

Birth Date (mm/dd/yyyy) _____ Sex: M F Parent/Guardian Name _____

Please enter ages for lines below

T-BALL 6 and under: AGE ON 5/01/10 _____

SOFTBALL: 7-16 AGE ON 1/01/10 _____

BASEBALL 7-17: AGE ON 5/01/10 _____

ALL BASEBALL PLAYERS MUST WEAR AN ATHLETIC SUPPORTER

KNOWN MEDICAL CONDITIONS _____

The sole purpose of the ANHAA, a nonprofit organization, is to provide competitive sports for the children of Ardsley/North Hills so that they may learn the ideals of sportsmanship, honesty, loyalty, courage, respect, and teamwork.

I hereby apply for membership in the ANHAA. As a member I will be entitled to the rights and privileges of membership as set forth in the constitution and by-laws of the Association. I, as a parent or guardian of the above named child, hereby give my approval for his/her participation in any and all activities of the ANHAA during the current season. I will furnish a certified birth certificate of the above named child upon request of association officials.

I understand that these objectives cannot be accomplished without proper supervision and assistance. The success of the program depends on **PARENT PARTICIPATION**. I will aid the program to the best of my ability. I will do this by volunteering for the following:

COACH ASST. COACH OPENING DAY FIELD COMMISSIONER

FIELD MAINTENANCE TEAM COORDINATOR REFRESHMENT STAND

I understand that if I choose to participate as a coach or assistant coach I will supply all necessary information as needed for a routine background check.

I assume all risks and hazards incidental to the conduct of the ANHAA's activities and transportation to and from the activities. I do hereby release, absolve, indemnify, and hold harmless the Ardsley North Hills Athletic Association, Administrators, Supervisors, Officers, and Coaches. In case of injury to my child, I hereby waive to the extent not covered by liability or accident insurance, any claim against the person transporting my child to and from the activities. I assume responsibility for primary medical insurance.

Amount Received _____ Cash _____ Check# _____ Date _____

Parent/Guardian Signature

ANHAA Board Member Signature

Requests for a specific coach or team cannot be honored