

Greenwich Athletic Association

2017 REGISTRATION FORM (Tee-Ball through Majors/12u Softball)

Player Information

First Name: _____ Last Name: _____ Gender: _____ DOB: _____

Parent/Guardian Information

Parent/Guardian: _____ Phone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

League Information

2017 Age: For boys (as of April 30, 2017) _____ Girls (as of December 31, 2017) _____

2017 League: _____

Shirt Size: Youth S M L Adult S M L XL

(Your shirt size last year was a) _____

Medical Information

Are you currently taking any medication(s): Yes / No

If yes, what medication(s) _____

Please list any medical/food allergies your child has: _____

Does this child have any medical limitations: _____

Emergency Contact Name: _____ Phone: _____

Hospital for Emergency Care: _____

Volunteers:

Your participation is key to the success of our little league program. Please let us know if you are interested in volunteering in one of the following roles:

(Please Circle) *Manager *Coach Umpire

*All managers and coaches are required to submit to a criminal background check during each season of service. Background checks will be conducted through our electronic registration process and paid for by the Greenwich Athletic Association (GAA). Background checks will be monitored by the GAA compliance officer to ensure personal privacy.

Consents:

1. I (Parent/Guardian) _____ hereby grant permission for my child _____ to have his/her photo taken for use on the Greenwich Athletic Association website and/or league material.

Signature (Parent or Guardian): _____ Date: _____

2. My Child _____ has my permission to play in the Greenwich Athletic Association (GAA) baseball and/or softball program. I acknowledge that participation in baseball/softball may result in serious injuries and that personal or league supplied protective equipment does not prevent injuries to all players, and do hereby waive, release, absolve, and indemnify, and agree to hold harmless the GAA, its directors, officers, organizers, sponsors, supervisors, participants, volunteers, and individuals transporting my child to/from activities from any claim arising out of injury to my child whether the result is of negligence or from any other cause. The GAA will not provide Hospitalization, Medical, Health, or accident insurance. The GAA is not responsible for any personal injuries or damage to eyeglasses or dental apparatus. I fully understand and agree to provide my child with the necessary and proper hospitalization and medical insurance coverage while participating in this sport under the above program.

Printed Name / Signature (Parent or Guardian): _____ Date: _____

3. I understand that I am required to work the snack bar a minimum of 2 hours per child. Failure to do so will result in my child being ineligible to play.

Printed Name / Signature (Parent or Guardian): _____ Date: _____

Registration Fees: \$60 - 1 Child, \$75 - 2 Children, \$90 - 3 or more

GAA USE ONLY

Registration Fee: _____ Late Charge: _____

Total: _____ Paid: _____ Method: Cash Check (Chk. # _____) GAA Rep. Int. _____