



# 2019 NPMYAC RAIDERS BASEBALL & SOFTBALL REGISTRATION



PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL (Please print clearly): \_\_\_\_\_

**PLAYER INFORMATION:**

NAME	DOB	Division	Fee
1 <sup>ST</sup> PLAYER _____	_____	_____	_____
2 <sup>ND</sup> PLAYER _____	_____	_____	_____
3 <sup>RD</sup> PLAYER _____	_____	_____	_____
4 <sup>TH</sup> PLAYER _____	_____	_____	_____

<i>AAA and Majors Only</i>		
Jersey Size	Jersey # 1 <sup>st</sup> choice	Jersey # 2 <sup>nd</sup> choice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NPMYAC IS A NON-PROFIT ORGANIZATION, OPERATING SOLELY ON THE HARD WORK OF ITS VOLUNTEERS. NO VOLUNTEER PROGRAM CAN SUCCEED WITHOUT PARENTAL ASSISTANCE. I WOULD LIKE TO HELP NPMYAC BY:

MANAGER     
  COACH     
  CONCESSION     
  FIELD MAINT.     
  SPONSOR

NOTES / REQUESTS: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

*I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I / We have listed all of my child's medical conditions and/or concerns.*

PARENT/GUARDIAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**OFFICIAL USE ONLY:**

REGISTRATION FEE: \$ _____	CHECK #: _____ CASH: _____
RAFFLE: _____ \$50.00 _____	SHIRT SIZE: _____
FAMILY DISCOUNT: _____	BIRTH CERTIFICATE: YES / NO
2 <sup>ND</sup> -\$20 off, 3 <sup>RD</sup> /4 <sup>TH</sup> \$30 off Max \$300	DATE: _____
TOTAL PAID: \$ _____	SCHOOL: _____

