

Woolridge Athletic Association

YEAR 2019 REGISTRATION

****Please complete entire form****

- Baseball (incl. coach pitch)
- Slow Pitch Softball
- Fast Pitch Softball

Played last year for Woolridge Yes No

First Name

Last Name

Street Address

City

State

ZIP Code

Phone Number

Date of Birth (MM-DD-YY)

Age on 8/31/19 (Baseball)
Age on 12/31/2018 (Softball)

Sex

Primary Family E-mail Address

CONSENT: I/we, the parent(s)/guardian(s) of the above named participant, hereby give my/our approval to their participation in the baseball/softball program of the *Woolridge Athletic Association* and agree to comply with the Articles, By-Laws and Rules of the Association and all organizations with which it becomes affiliated. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the *Woolridge Athletic Association*, the *Chesterfield Baseball Club*, the *Chesterfield Youth Softball Association*, the organizers, sponsors, supervisors, participants and persons transporting my/our youth to and from activities for any claim arising out of injury to my/our youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/we will also furnish a copy of a Certified Birth Certificate for the above named participant upon request.

Parent/Guardian Signature

Date

Father/Guardian Chosen and Lastname

Mother/Guardian Chosen and Lastname

UNIFORM SIZE:

Pants: Youth XS S M L XL Adult S M L XL XXL XXXL

Shirt: Youth XS S M L XL Adult S M L XL XXL

VOLUNTEERS ARE NEEDED:

- Head Coach - ID # _____ Exp _____
- Asst. Coach - ID # _____ Exp _____
- Team Parent
- Field Maintenance
- Equipment Management

Name

Work Phone

FOR WAA USE

FEE COLLECTED: _____

CHECK NO: _____

- Fee
- Signature
- B/C included.
- No B/C needed
Played last year
- B/C to be emailed
Or faxed