

**Woolridge Athletic Association**

**2020 Registration**

<input type="checkbox"/> Pee Wee (6 and Under boys and girls)	<input type="checkbox"/> Slow Pitch Softball (8U only)
<input type="checkbox"/> Baseball (including coach pitch)	<input type="checkbox"/> Fast Pitch Softball
Played last year for Woolridge? <input type="checkbox"/>	Sex: <input type="checkbox"/>
Player's Name: _____	
Address: _____	
Contact Phone Number(s): _____	
Best Contact Email(s): _____	
Player's Date of Birth: _____	Baseball: Age on 08/31/2020 _____ Softball: Age on 12/31/2019 _____

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 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 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 Last Name: _____	
Mother/Guardian Chosen and Last Name: _____	

**Uniform Size**

	Youth	Youth	Youth	Youth	Youth	Adult	Adult	Adult	Adult	Adult	Adult
<b>Pants:</b>	XS	S	M	L	XL	S	M	Large	XL	XXL	XXXL
	Youth	Youth	Youth	Youth	Youth	Adult	Adult	Adult	Adult	Adult	Adult
<b>Shirts:</b>	XS	S	M	L	XL	S	M	Large	XL	XXL	XXXL

**VOLUNTEERS ARE NEEDED:**

Head Coach- ID No.: \_\_\_\_\_

Asst. Coach- ID No.: \_\_\_\_\_

Team Parent

Field or Equipment Management

<b>FOR WAA USE</b>	
FEE: _____	
Check No.: _____	
Fee	B/C Included
Signature	B/C Not Required
	B/C To Be Submitted