

League Age _____

GUILFORD ATHLETIC ASSOCIATION
2010 APPLICATION TO PLAY BASEBALL/SOFTBALL
(local league use only – please print)

League Name: Chambersburg Suburban
Player's Name: _____
Birth Date: _____ Age (today): _____ Sex (circle one): M or F
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Email 1: _____
Cell Phone: _____ Email 2: _____

Did this child participate in a different Chambersburg Suburban Community last year (**not** Guilford)?
Yes _____ No _____ If "yes" please indicate which Community: _____

Participation in baseball/softball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity?

Yes _____ No _____

If "yes" please explain and identify any modification that would enable your child to participate:

Please provide information about allergies or medical conditions that the team should have in case of emergency: _____

\$1 of your registration cost is used to provide you and your family membership into the Guilford Athletic Association. With this membership you are eligible to come to any open board meetings and it entitles you to one vote per family.

I, parent/guardian of the above-named player, hereby give approval for participation in any baseball or softball league activities sponsored by Guilford Athletic Association. I hereby grant permission to managing personnel or other league representatives to authorize or obtain medical care from any licensed physician, hospital, medical clinic, or EMT personnel should the player become ill or injured while participating in league activities when neither parent or guardian is available to grant authorization for emergency treatment. I know that participation in baseball and softball may result in serious injuries, and protective equipment cannot prevent all injuries to players. I therefore assume all risks and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless Guilford Area Athletic Association, Little League, Suburban League (or any other league associated with these activities), the organizers, sponsors, supervisors, participants, and persons transporting the player to and from the activities, for any claim arising out of an injury to the player.

I further agree to furnish a birth certificate for the player to league officials, and to return any equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities. **Failure to return equipment to the league will result in GAA issuing an invoice for full replacement cost of the equipment.**

GAA **will** provide Game shirts and hats/visors. GAA **will NOT** be providing Game **PANTS** or **SHORTS**.

Please Print Names of Parents/Guardians: _____

Signature of Parent/Guardian: _____ Date: _____

Occupation: _____

Insurance Carrier: _____

Signature of President: _____

Guilford Athletic Association does not limit participation in its activities on the basis of disability.

<u>Birth Certificate</u>	<u>Shirt Size</u>	<u>Fundraiser</u>	<u>Reg. Fee</u>
YES or NEED or N/A	YOUTH or ADULT	CORBI or DONATION	Amount _____
	S M L XL	Amount _____ check # _____	check # _____