Woolridge Athletic Association

YEAR 2008 REGISTRATION

☐ Tee-Ball *(ages 5 & 6)*
☐ Baseball *(incl. coach pitch)*
☐ Slow Pitch Softball ☐ Fast Pitch Softball

Affix label with blue stripe in this space.

Make corrections *only* in spaces provided below.

First Name | Last Name

Street Address

City | State | ZIP Code

Phone Number | Date of Birth (MM-DD-YY) | Age on 4/30/2008 (Baseball) Age on 12/31/2007 (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*	S	M	L	*Adult*	S	M	L	XL
Shirt:	*Youth*	S	M	L	*Adult*	S	M	L	XL

VOLUNTEERS ARE NEEDED:

- ☐ Head Coach (Manager)
- ☐ Asst. Coach
- ☐ Team Parent
- ☐ Field Maintenance
- ☐ Equipment Management

FOR WAA USE

FEE COLLECTED: _____

CHECK NO: _____

☐ Fee ☐ Birth Certif.
☐ Signature ☐ SSN

Name | Work Phone