



Reserve Athletic Association

2017 FALL BASEBALL & SOFTBALL

2017 Family Registration Form

| | | | |
|-------------------------|------------|------------------------------------|-----------------|
| Family Name | Home Phone | Cell Phone | Emergency Phone |
| | | Receive Text? Y N | |
| Address, City State Zip | | | |
| Father's Name | Occupation | Would you like to: Manage Coach | |
| Mother's Name | Occupation | Would you like to: Manage Coach | |
| Email Address | | | |

All Fees (Circle)

| | | | | | |
|-----------------|------|------------------|------|-------------------|------|
| Future Star 5&6 | \$20 | Baseball 7 & 8 | \$25 | Softball 7 & 8 | \$25 |
| | | Baseball 9 & 10 | \$30 | Softball 9 & 10 | \$30 |
| | | Baseball 11 & 12 | \$30 | Fast Pitch 9 & 10 | \$30 |
| | | | | Softball 11 & 12 | \$30 |

****Age as of: BOYS 04/30/2018 ♦ GIRLS 01/01/2018**

| Childs First Name | Last Name | Uniform Size SHIRT SIZE | Birth Date 00/00/0000 | Age ** | Fee |
|-------------------|-----------|----------------------------|--------------------------|--------|-------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4+ | | | | | FREE |

Note: All players and parents are required to sign a player code of conduct at registration.

Medical: Please list any medical condition and/or physical limitations, (i.e. Asthma, Diabetes, etc.) your child may have. Your signature below acknowledges that in the absence of a parent or guardian a Manager, Coach, or Board member of the Reserve Athletic Association may obtain medical treatment for you child in the event of serious injury or illness.

I hereby agree to indemnify and hold harmless the Reserve Athletic Association, including any of its coaches or officials, for any injury to my child, even if caused by negligence of player, coach, or official. I further understand that there is limited insurance other than my own.

As a member of the Greater Pittsburgh Girl's Softball League, & Shaler Area Baseball Association, Reserve Athletic Association has agreed to follow GPGSL & SABA by-laws, by registering with RAA, I also agree to follow GPGSL, SABA, and RAA by-laws.

Parent or Guardian's Name (print) _____ Signature _____ Date _____

Total Fees \$ _____ Check # _____ Total Paid \$ _____ Date _____

Make Checks Payable to: Reserve Athletic Association



