

Mail To 636 Avenue A, Feasterville Pa 19053 Attn LSAA Baseball c/o Joe Gallagher

CHECK : CHECK ONE: Member of the Cal Ripken / Babe Ruth / Junior Legion Baseball

- TRAVEL, NEW BASEBALL REGISTRANT, In House, RETURNING REGISTRANT

CLUB NAME L.S.A.A.

1st child, 2nd child, 3rd child registration details including last name, first name, birth date, age, sex, and age division.

ADDRESS, PHONE, EMAIL

CITY, ST., ZIP, PARENT/GUARDIAN

PANTS SIZE: Child 1, Child 2, Child 3
SHIRT SIZE: Child 1, Child 2, Child 3

Table with columns: FEES, Before 1/15/12, After 1/15/12. Rows include 1st CHILD, 2 CHILDREN, 3 CHILDREN, Tee Ball, and TOTAL.

Payable to LSAA form with fields for DATE, CHECK #, CASH, and BY.

- VOLUNTEER INFORMATION: PLEASE CHECK ONE, SNACK STAND (SS), ASSISTANT COACH (AC), FIELD MAINTENANCE (FM), CLERICAL/ Fund Raising (CL), SPONSOR (\$250.00/TEAM)

Registration fees are not refundable. Parent or guardian initials

LSAA Baseball requires that you disclose a primary health insurance carrier. Failure to comply will disqualify applicant from participating in any LSAA Baseball programs.

Carrier Name: Policy #:

Please indicate any medical problems:

Release Statement

NOTE: The statement should be signed by parent/guardian for minor player; an adult player, coach and administrator for himself.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the LSAA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball and in consideration for the LSAA accepting the registrant for it's baseball programs and activities, I hereby release, discharge, and/or otherwise indemnify the LSAA, it's affiliated organizations and sponsors, their employees and associated personnel, including owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. I also give LSAA the right to use any pictures taken at sporting events, by LSAA to be used for publication on web pages or any media. All Coaches and team parents are subject to backround check.

PARENT/GUARDIAN OR ADULT SIGNATURE DATE