

ANGELICA ATHLETICS ASSOCIATION

2009 SPRING BALL REGISTRATION FORM

Age as of May 1, 2009 - Boys and Girls 4yrs to 15yrs

Child #1 Name	Birthdate	Grade	Medical Condition	Check One	
				Male	Female
Child #2 Name	Birthdate	Grade	Medical Condition	Male	Female
Child #3 Name	Birthdate	Grade	Medical Condition	Male	Female
Child #4 Name	Birthdate	Grade	Medical Condition	Male	Female
Child #5 Name	Birthdate	Grade	Medical Condition	Male	Female

REGISTRATION FEE BREAKDOWN

\$15.00 FEE PER CHILD (MAX 45.00) if PAID BY MARCH 15th. The Fee will be \$20.00 between March 16th - 31st(Max 60.00) After three children from an immediate family (brothers, sisters) have paid the registration fee for the sport, remaining children from immediate family are exempt from the fee.
THERE WILL BE NO CHARGE FOR CHILDREN PLAYING PEE-WEE T-BALL

	Spring 2009	No. of Kids <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	x	<div style="border: 1px solid black; padding: 2px;">\$15.00</div>	=	\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>
Grand Total						

NOTE: IF NOT SIGNED UP PRIOR TO APRIL 1ST YOU WILL NOT BE ABLE TO PLAY IN ORDER FOR US TO KNOW HOW MANY TEAMS WE NEED TO MAKE THE SCHEDULE WE WILL NOT EXCEPT ANY LATE REGISTRATION SIGN UPS -

Forms can also be dropped off at the Village Office - Angelica - Mon-Fri 8-3:30	Mail To: Angelica Athletics Association PO Box 142 Angelica, NY 14709	PLEASE RETURN FORMS BEFORE SUNDAY - MARCH 15th - THANK YOU
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ATTENTION TO ALL PARENTS/GUARDIANS: Due to the cost of uniforms, all uniforms will need to be turned in at the end of the season. Any uniforms not returned the parent/guardian agrees to pay to replace. T-Ball players will receive a uniform but my kept the T-Shirt at the end of the season.

WITHOUT YOU THIS PROGRAM COULD NOT RUN. PLEASE CHOOSE ONE OR MORE FROM THE FOLLOWING CATEGORIES IF YOU ARE INTERESTED IN HELPING OUT. THANK YOU!!

	CHECK BOX
COACH	<input type="checkbox"/>
ASSITANT COACH	<input type="checkbox"/>
COMMITTEE MEMBER	<input type="checkbox"/>
CONCESSION	<input type="checkbox"/>
REFEREE	<input type="checkbox"/>

If you have any question regarding the program you may contact any of the board members listed below:

Dean/Kirsten Salyer	466-7067
Jason Coble	466-3346
Barb Landries	466-3401
Karen Herdman	466-7188
Chris Baker	466-3789
Lisa Dirlam	466-3148

		Emergency Contact Information
Parent/Guardian Name		Name
Address		Relationship
Day Phone	Night Phone	Day Phone
Primary Health Insurance		Night Phone

I hereby relieve the Angelica Athletics Association, officials, coaches, and assistant coaches of any responsibility for illness, or injury incurred by my child during any practice, game or during any travel to practice or game.

Signature	Date
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