

PAA Softball 2010

PAA is partnering with Red Raiders for the Fall. All PAA teams will practice in Poolesville. Game locations to be determined, but will be local.

Contact Information

Please print all information.

Player's Name: _____

Mother's (or Guardian's) Name: _____

Home Address: _____

Father's (or Guardian's) Name: _____

Age of Player on August 31, 2010: _____

Mother's Cell Phone: _____

Date of Birth: _____

Father's Cell Phone: _____

School Attending: _____

Home Number: _____

E-Mail Address: _____

**** All players new to PAA Baseball/Softball must submit a copy of birth certificate along with this registration form ****

Fees

Softball (9U): **\$100.00** Sibling Discount: **\$ 15.00** off second & each additional child's registration fee

**** Make all checks payable to: PAA Baseball ****

**** Returned checks will be subject to an additional \$20 charge ****

Player's Jersey Size

Child:	<input type="checkbox"/> Small (6-8)	<input type="checkbox"/> Large
	<input type="checkbox"/> Medium (8-10)	<input type="checkbox"/> X-Large
Adult:	<input type="checkbox"/> Small	<input type="checkbox"/> Large
	<input type="checkbox"/> Medium	<input type="checkbox"/> X-Large

Players are responsible to purchase BLACK pants



Informed Consent

Your child may be photographed during league play for use in PAA promotional materials.

I consent to this I do not consent to this.

Any coach will be asked to submit to a background check by a third party organization. This background check will use your social security number only to verify your identity and then will only focus on criminal activity.

By signing at the bottom of the Medical Release section, you acknowledge you have read and agree to its contents and provisions.

Volunteers

VOLUNTEERS ARE NEEDED IN ALL AREAS – PLEASE CIRCLE WHAT YOU WOULD BE INTERESTED IN TO HELP THE YOUTH OF PAA:

Coaching, Concessions, Uniforms, Field Maintenance, Registration, Trophies, Field Permits, Umpiring, Fundraising

NAME & NUMBER WHERE YOU CAN BE REACHED: _____

**Mail Forms & Payment to: Terry Pierce
17416 Soper St., Poolesville, MD 20837**

**** Please see Page 2 for the Medical Release/Agreement ****

www.poolesvillesports.org

Questions: Terry Pierce 240-449-7514 (cell) or PoolesvilleBaseball@gmail.com

REGISTRATION DEADLINE – JULY 31, 2010

THIS IS NOT A MCPS SPONSORED EVENT

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Medical Release/Agreement

As parent or legal guardian of _____ I hereby grant permission for my child to participate in **SOFTBALL** sponsored by the Poolesville Athletic Association. I understand this program is not responsible for any accidents. I understand by signing the form I accept all financial and medical responsibilities for my child.

In addition, as parent or legal guardian I give my consent for emergency medical treatment approved by the team manager or other adult escort in case of serious illness or injury while participating in the Poolesville Athletic Association and related activities. I understand that this is to ensure prompt treatment. I have listed all allergies, special medication needs or physical or medical problems/concerns.

Name of Medical Insurance Company: _____

Physician's Name: _____ Phone #: _____

Hospital Preference: _____ Last Tetanus shot: _____

Emergency contact if parent cannot be reached: _____

Phone #: _____ Relationship to participant: _____

Does your child have any of the following allergies?

- Bee Sting Peanut Tree Nut Pollen/trees/grass/etc.
 Drug (please specify below) Food (please specify below) Other (please specify below)

Please note additional medical information and symptoms: _____

Parent/Guardian Signature: _____ Date: _____

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