

PAA Baseball 2010

PAA has joined UMAC. All PAA teams will practice and play home games in Poolesville & away games played at Taylor Elementary, Boyds.

Contact Information

Please print all information.

Player's Name: _____ Mother's (or Guardian's) Name: _____
Home Address: _____ Father's (or Guardian's) Name: _____

Mother's Cell Phone: _____
Age of Player on April 30, 2010: _____ Father's Cell Phone: _____
Date of Birth: _____ Home Number: _____
School Attending: _____ E-Mail Address: _____

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

Fees

Baseball (9U and up): \$125.00
7U & 8U \$100.00
T-Ball: \$ 75.00
Sibling Discount: \$ 15.00 off second & each additional child's registration fee

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

**Mail Forms & Payment to: Kevin Carmack
19617 Selby Ave., Poolesville, MD 20837**

Child: Medium X-Large
 Large

Adult: Small Large
 Medium X-Large

Players are responsible to purchase BLACK pants

**Players
Jersey
Size**



Medical Release/Agreement

As parent or legal guardian of _____ I hereby grant permission for him/her to participate in **BASEBALL** 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: _____

Please note additional medical information: _____

Parent/Guardian Signature: _____ Date: _____

VOLENTIERS AREA 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

NAME & NUMBER WHERE YOU CAN BE REACHED: _____

www.poolesvillesports.org

Questions: Kevin Carmack 240-205-6466 cell
REGISTRATION DEADLINE – JANUARY 31, 2010
THIS IS NOT A MCPS SPONSORED EVENT