

AABA

2010 Registration Form

Alexandria Area Baseball Association



FOR PLAYERS IN GRADES 7-9

Name: _____ Age: _____

Date of Birth: _____ Grade (09-10 School Year): _____ School: _____

Parent/Guardian: _____

Address: _____

_____, MN _____

Phone (H): _____ Phone (W): _____ Cell _____

Email: _____ 2nd Cell _____

I am registering for: _____ **Majors (Gr. 7-9)** _____

Today's Date : / / **Amount enclosed** _____

Make checks payable to: Alexandria Area Baseball Association (AABA)

Registration fee is \$120.00 and DUE by May 24th .

If you are a sibling of a current AABA player - \$80.

Emergency Medical Information

Doctor to be notified: _____ Phone _____

Dentist to be notified: _____ Phone _____

Person who will care for the player in case parent cannot be reached:

Name _____ Phone _____

Special needs that the coach should know: _____

WAIVER

In consideration of your accepting my child's entry, I hereby waive any claim for damages, injuries or loss of personal property against the Alexandria Area Baseball Association, Lakes Area Recreation, and ISD #206 incurred while participating in the activity indicated on the form. I also give permission for AABA to use my child's photo on the AABA webpage, www.selectdigitalmemories.com, local media, or AABA highlight media.

Parent/Guardian Signature

Date

Mail or drop off forms to: **AABA**
The UPS Store
1210 Broadway South #138
Alexandria, MN 56308
www.aababaseball.org

Office Use Only:
Date Received: _____
ck# _____ amt _____ + _____