

# AABA

## 2010 Registration Form

Alexandria Area Baseball Association



### FOR PLAYERS IN GRADES 3 – 6

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:** \_\_\_ **Minors (Gr. 5-6)** \_\_\_ **Beetles (Gr.3-4)** (Grades 2009 – 2010 school year.)

**Today's Date :**    /    /    **Amount enclosed** \_\_\_\_\_

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

**Registration fee is \$120.00**

**Any registration after April 17 will have a late fee included... \$140.00**

*Additional siblings can be registered for \$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](http://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](http://www.aababaseball.org)

Office Use Only:  
Date Received: \_\_\_\_\_  
ck# \_\_\_\_\_ amt \_\_\_\_\_ + \_\_\_\_\_

I would be willing to assist in the concession stand during SuperSaturday and/or Playoffs.