



BEECHVIEW ATHLETIC ASSOCIATION
 P.O. BOX 7982
 PITTSBURGH, PA 15216

SPORT: _____

PLAYER NAME	MEDICAL CONDITIONS	BIRTH DATE	AGE	GENDER (M/F)	UNIFORM SIZE

PARENT/GUARDIAN 1: _____

PARENT/GUARDIAN 2: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP TO PLAYER: _____

IS/ARE THE PLAYER(S) INSURED: _____

PARENTAL CONSENT

My child/children have my/our full permission to participate in the Beechview Athletic Association sports activity designated above. I/We relieve the Association and its officials from all responsibility for injuries which may occur while participating in the sport. I/We understand the risks involved in athletic competition/recreational activities dedicated for youth participation and voluntarily consent to accept the consequences of those risks in exchange for the opportunity for our child/children to participate.

I/We agree to pay-in-full the registration fee established prior to the draft of my child/children, and understand that my child/children will not be permitted to participate until said registration fee is paid in full.

I/We accept responsibility for the return of my/our child's/children's uniform(s) to the Association at the end of the season. I understand that if I/WE do not, I/we agree to pay for the total cost of replacement upon receipt of invoice by the Association.

I/We understand that the Association is a non-profit volunteer organization, and that I/We must volunteer time during the course of the season.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

BAA ADMINISTRATION ONLY BELOW THIS LINE

AMOUNT PAID: _____ CASH _____ CHECK _____ (#) _____ DATE: _____