

**Sayreville Athletic Association**  
**P.O. Box 191,**  
**Parlin, NJ 08859**  
**www.leaguelineup.com/sayrevilleathleticassociation**

**Registration by mail or in person at the Woodland Ave trailer (behind Selover School ) on the following Saturdays:**

Every Sat. in Jan. , Feb 4th, Feb 11th, Feb 18th, Feb 25th,  
from 10:00 am to 12:00 pm  
**BOYS AGES: 4 TO 12YRS AND GIRLS AGES: 4 TO 17 YRS**

- I. REGISTRATION FEE: 1 Child--\$90.00, 2 Children--\$100.00, 3 or more Children--\$125.00 ( Includes a full uniform and end of the season award)  
II. WORK BOND: \$125.00 per family. **(must be post dated to 8/16/12)**

III. VOLUNTEER AND PAYMENT INFORMATION:

I would like to volunteer: (circle) Team Mgr (6 hrs) Team Coach (6 hrs) Team Mom (6 hrs) Concession Stand (1 -6hrs)

**\*\*ALL MANAGERS, COACHES, AND TEAM MOMS MUST COMPLY WITH TOWNSHIP BACKGROUND/FINGERPRINT TESTING\*\***

**\*\*SPECIAL SKILL VOLUNTEERS CAN EARN HOURS AS WELL (PLUMBERS, CARPENTERS, WELDERS, ELECTRICIANS, COMPUTER SKILLS,ETC.)**

Make (2) checks payable to: SAYREVILLE ATHLETIC ASSOCIATION. (One for registration and one for work bond). **List the player's name on the memo line of the checks.** The registration check will be cashed. The work bond check will be held. At the end of the season, all work bond checks will be **destroyed**, provided 6 hours of volunteer time has been completed. If work bond hours have not been completed, your work bond check will be cashed.

Name printed on check \_\_\_\_\_ Registration check no. \_\_\_\_\_  
Work bond check # \_\_\_\_\_

IV. PLAYER INFORMATION: (PLEASE PRINT CLEARLY)

Players Name \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

BOYS - AGE AS OF APRIL 30, 2012 \_\_\_\_\_

GIRLS- AGE AS OF JAN. 1, 2012 \_\_\_\_\_

Address (include zip code) \_\_\_\_\_

Home Phone \_\_\_\_\_ CELL PHONE NUMBER(S) \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_ Select sport: T-Ball Baseball Softball

Shirt Size (Circle) Youth sm Youth Med Youth Lg Adult sm Adult med Adult lg Adult x-lg Adult xx-lg Adult xxx-lg

Pant Size (Circle) Youth sm Youth Med Youth Lg Adult sm Adult med Adult lg Adult x-lg Adult xx-lg Adult xxx-lg

Medical Information: Please list all medical conditions, physical limitations, allergies, hearing problems, sight problems, asthma, etc

V. PARENTAL APPROVAL:

I agree to permit my child to participate in the above sport. To the best of my knowledge, my child is in good health. I understand that the SAA cannot be held responsible for injuries or accidents to players, coaches, managers, and spectators, before during or after the game. I also agree that an adult responsible for my child will be present at practices and games in case of an emergency. I understand that the governing body of the

SAA has the authority to suspend, reprimand or expel any member of the association, adult and child, from participating in the activities of the SAA

because of demonstrated conduct considered to be detrimental to the objective of the association. Some or all of the above information provided

may be distributed to State or Local agencies as necessary. **I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **I. FAMILY REGISTRATIONS:**

One registration form **per child**. Please make sure each form is completely filled in. Also, a parent/guardian must sign and date the Parent Approval section.

## **II. REGISTRATION IN PERSON:**

Held at the Woodland Av trailer, located behind Selover School, corner of Woodland Av and Lincoln St, in the Morgan section of Sayreville. Use the Selover school entrance to the parking lot (behind the playground) on Lincoln St. Trailer is located in the parking lot between fields 2 and 3. Directions to the Morgan complex are on our website at [www.leaguelineup.com/sayrevilleathleticassociation](http://www.leaguelineup.com/sayrevilleathleticassociation)

## **III. REGISTRATION BY MAIL:**

Mail to: Sayreville Athletic Association, P.O. Box 191, Parlin, NJ 08859. Remember to include a separate form for each child, and (2) checks payable to Sayreville Athletic Association. Please mail before March 1, 2011.

## **IV. CONCESSION STAND**

Concession stand help is needed. Please consider doing some or all of your volunteer hours at the stand.

## **V. TEAM DRAFT**

Team managers will contact you after draft has concluded, approximately 1 week after close of registration.

## **VI. OPENING DAY**

. Your manager will keep you advised of times and schedules.

## **VII. CONTACT INFORMATION AND QUESTIONS**

Once the team managers are selected, they will be able to provide contact information.

## **VIII. PARENT'S MEETING**

A meeting date will be announced and sent to you via email. **We ask that one parent attend.**