



Sayreville Athletic Association

Babe Ruth Division

PO Box 191, Parlin, New Jersey 08859

www.sayrevilleaa.com



Tuesdays Feb. 7th, 14th, 21st, 28th, March 6th & 13th (7p.m. - 9 p.m.)

Thursdays Feb 2nd, 9th, 16th, 23rd/March 1st & 8th (7p.m. - 9 p.m.)

REGISTRATION DEADLINE: March 15th

**FUNDRAISER PAYMENT IS REQUIRED AT SIGN-UP, Chocolate will be in by April 30th

REGISTRATION FEE: 1 CHILD -\$95.00 2 CHILDREN - \$115 3 OR MORE CHILDREN - \$130 (INCLUDES A FULL UNIFORM)

REGISTRATION OPTIONS:

- Mail Registration Form with check to Sayreville Athletic Association, PO Box 191, Parlin, New Jersey 08859. Make check payable to **SAYREVILLE ATHLETIC ASSOCIATION** (Write player's name in memo line of the check). If check is returned for insufficient funds, you will be responsible for the registration and a \$25.00 return check fee.
- Register in person at the Morgan Complex on Woodland Av every Tues. & Thurs. until 3/13 between 7p.m. - 9 p.m.
- **ALL PLAYERS will be responsible for participating in a MANDATORY Hershey chocolate fundraiser \$60.00/box.**
- I would like to volunteer as a team coach. Please check box

Name printed on check: _____ Check No: _____

PLAYER INFORMATION:

Player's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

Email: _____ Age as of 04/30/12: _____

Shirt Size: (Circle) Youth Med Youth L Adult Sm Adult Med Adult L Adult XL Adult XXL Adult XXXL

Pant Size: (Circle) Youth Med Youth L Adult Sm Adult Med Adult L Adult XL Adult XXL Adult XXXL

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

PARENT 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 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 the event 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 information provided be distributed to State or Local agencies as necessary, **I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____