

# VALLEY AA BASEBALL/SOFTBALL REGISTRATION

## JUNIOR BASEBALL

Lit Sluggers (4)  
  T-Ball (5)  
  T-Ball (6)  
  Junior 7  
  Junior 8

## CAL RIPKEN/BABE RUTH BASEBALL

Minor (9-10)  
  Intermediate (10-11)  
  Major (11-12)  
  Babe Ruth (13-14-15)

## TRAVEL BASEBALL                      TRAVEL SOFTBALL

Suburban Travel  
  Jr Legion (13-15)  
  Senior Babe Ruth (16-18)

## GIRLS SOFTBALL

Rookies (6-8)  
  Minors (9-10)  
  Majors (11-12)  
  Seniors (13-UP)

PLEASE PRINT NEATLY

**Child's Name:** Last \_\_\_\_\_ First \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street                      City                      State                      Zip

**Home Telephone No.:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Parent's Name:** Mom \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
First                      Last

**Dad** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
First                      Last

**Sex:**    M    F   **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Baseball:** Child's age as of April 30<sup>th</sup> THIS year \_\_\_\_\_ **Softball:** Child's age as of December 31<sup>st</sup> LAST year \_\_\_\_\_

**Child's physical limitations/medical problems:** \_\_\_\_\_

**Baseball experience in years** \_\_\_\_\_ **Last Year's Coach** \_\_\_\_\_

**Number of Children Registered** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Payment Method:**    Cash  
     Check  
     Visa/MC

**LEAGUE FEE** \$ \_\_\_\_\_ **Please make checks payable to Valley AA**

**Signing this form indicates that you have read VAA's Zero Tolerance Policy and Photo Release and agree to abide BY ALL TERMS AND CONDITIONS AS SET FORTH IN THOSE DOCUMENTS.**

Participant and his parent/guardian (if any) agree to release and forever discharge, indemnify and hold harmless Valley Athletic Association ("Association"), including without limitation, its officers, directors, coaches, referees, employees, agents, members and volunteers, from and against any and all claims, actions, causes of actions, suits, judgments and demands, whatsoever in law or equity, whether known or unknown, that may be asserted by participant or on his/her behalf during his/her minority and thereafter, arising out of or relating to any injuries sustained while participating in or viewing or otherwise arising from any activity conducted by or sponsored by the Association. However, the Association, in its sole discretion, may allow claim for payment of reasonable and necessary medical expenses for medical treatment of the participant for injuries sustained by the participant as a result of his/her viewing of a sports activity conducted by or sponsored by the Association to the extent that (1) the participant's participation in or viewing of a sports activity conducted by or sponsored by the Association was a substantial factor in causing his/her injuries; (2) the Association's insurance policies provide for payment of medical expenses for such injuries; (3) there is no other applicable insurance coverage for medical expenses for such injuries; and (4) the Association is not responsible for payment of medical expenses for such injuries if its insurance carrier(s) denies payment of such expenses.

Parent/Guardian is responsible for all actions and failures to take action of the participant while participant participates in, views or is otherwise affected by any activity conducted by or sponsored by the Association.

The Association is relying on this document in allowing the participant to participate in, view or otherwise be involved in activities by or sponsored by the Association. Participants and their parents/guardians must understand that the Association is organized and coached by volunteers who rely on protection from financial liability in order to participate in the operation of the Association.

**Signature of Parent/Guardian:** \_\_\_\_\_ **VAA Authorized Signature:** \_\_\_\_\_