

Delaware Township Athletic Association
P.O. Box 107, Sergeantsville, NJ 08557
Baseball Registration Form

DTAA is a non-profit community organization, which provides recreational activities to our township. Delaware Township Athletic Association depends on various fundraising activities and assessments for participants. Funds from the township are available for field maintenance and improvement, so the charge per participant per sport is less than the total cost of each child's participation.

PLEASE COMPLETE AND SIGN FOR EACH CHILD REGISTERED

Child's Name: _____
Last First

Child T-Shirt Size YS YM YL AS AM (circle one)

Address: _____
Street City State Zip

Phone/E-mail _____
Home Phone Cell Phone E-mail Address

Gender: Male Female Birth Date: Mo. _____ Date _____ Year _____

Grade (during the baseball season): _____ School: _____

Parent Information: Father's Name: _____ Mother's Name: _____

Check one below.

<u>Baseball Division (age as of April 30)</u>	<u>Cost</u>	<u>Baseball Division (age as of April 30)</u>	<u>Cost</u>
<input type="checkbox"/> T-Ball (5-6)	\$50	<input type="checkbox"/> Minors (9-10)	\$95
<input type="checkbox"/> Rookies (7-8)	\$75	<input type="checkbox"/> Majors (11-12)	\$95

REQUIRED PARENTAL SUPPORT

Parental support is very important and welcomed. Please check all areas listed where you are able to help.

Coach Assistant Coach Field Preparation Snack Shack

Team Parent Team Sponsor Other/Donation

EMERGENCY CONTACT INFORMATION

Person to notify in emergency _____ Phone No. _____

Doctor to notify in emergency _____ Phone No. _____

List any medical problems or prohibitions player may have: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian's Name (Print) _____ Parent/Guardian's Signature _____ Date _____

GENERAL RELEASE

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of DTAA. I am aware of the possibility of physical injury and assume the risk associated with the DTAA activities. In consideration of the opportunity of participate and other adequate considerations, I release, hold harmless and agree to indemnify the DTAA, its volunteers and associated personnel, including the owners and maintainers of the fields, facilities, against the claims by or on behalf of the registrant directly or indirectly related to this DTAA activity. I authorize transportation to and from the activity.

Parent/Guardian's Name (Print) _____ Parent/Guardian's Signature _____ Date _____