



Amateur Sports Association

2008
Baseball/Softball
Registration Form

Open to All Hamilton Heights
Area Students
www.HHASA.org

Player's: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Medical conditions that we need to know about: \_\_\_\_\_ Yes \_\_\_\_\_ No

Last year League: \_\_\_\_\_
Last Year Team: \_\_\_\_\_
Last Year Coach: \_\_\_\_\_

Please explain: \_\_\_\_\_

Uniform Size: Shirt - YS YM YL AS AM AL AXL Pant Size YS YM YL AS AM AL AXL

Parent / Guardian Information:

Father: \_\_\_\_\_ Phone#: \_\_\_\_\_ Mother: \_\_\_\_\_ Phone#: \_\_\_\_\_

E:Mail Address: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

In cases of emergency, contact:

Name: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

I GIVE PERMISSION FOR THE CHILD LISTED ABOVE TO ENTER THIS PROGRAM. I WILL NOT HOLD THE HAMILTON HEIGHTS AMATEUR SPORTS ASSOCIATION, WALNUT GROVE BASEBALL & SOFTBALL ASSOCIATION, OR THE ARCADIA BASEBALL AND SOFTBALL ASSOCIATION, OR ANY PERSONS ASSOCIATED WITH THEM, RESPONSIBLE FOR INJURY OR PROPERTY DAMAGE OCCURING AT ANY FUNCTION ASSOCIATED WITH THE PROGRAM. I ALSO UNDERSTAND THAT ALL MONEY PAID TO HHASA IS NOT REFUNDABLE. I ALSO GIVE HHASA PERMISSION TO USE MY CHILD'S PICTURE AND NAME ON THE HHASA WEB SITE.

ALL PARENTS/GUARDIANS WILL BE EXPECTED TO WORK IN THE CONCESSION STAND AT LEAST TWICE THIS YEAR. YOUR COACH WILL HAVE THIS SCHEDULE AND WILL BE RESPONSIBLE FOR WORKING IF YOU DO NOT SHOW.

ALL REGISTRATION FORMS MUST BE RECEIVED BEFORE THE FINAL REGISTRATION DATE. ALL FORMS RECEIVED AFTER THIS DATE WILL BE SUBJECT TO THE LATE REGISTRATION GUIDELINES POSTED ON THE WEBSITE.

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

Fund Raising Program

To defray the registration fees, each child is expected to participate in a fundraising program. If you would rather not have your child participate, you have the option of buying out for an additional \$30 per child.

\_\_\_\_\_ YES, I prefer to have my child participate. \_\_\_\_\_ NO, I prefer to pay an additional \$30

Signature: \_\_\_\_\_ (Signing confirms you have received 1 bundle of tickets)

Total amount paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

Received by: \_\_\_\_\_

Pee Wee & Baseball

Softball

Table with 5 columns: League Assignment, T-Ball, PW, Rook, Minor, Major. Rows for Cost and Ages.

Table with 4 columns: U-8, U-10, U-12, U-14. Row for Cost and Ages.

(Age determined as of April 30th)

(Age determined as of Dec 31)

Check if interested in Travel Ball: \_\_\_\_\_ Baseball \_\_\_\_\_ Softball
(Additional fees will apply to travel teams)

Family Maximum: \$150
(+ 2 fundraisers)
Does not include any Travel
League Fees or uniforms costs.