



Amateur Sports Association

2011 Fall Ball Softball Registration Form

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

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

Uniform Size: Shirt - 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, 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.

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

Received By \_\_\_\_\_ Total Amount Received: \_\_\_\_\_ Cash \_\_\_\_\_ or Check # \_\_\_\_\_

Softball

League Assignment: U-8 U-10 U-12 U-14
Cost: \$25 \$25 \$25 \$25

Players will be placed in the league that they will play in next spring

Additional Notes: