

Weaver Athletic Association
Spring Baseball 2010 Registration Form

\$135.00 Player Fee- Ages 7-18
\$115.00 Player Fee – Ages 5 & 6



Player Information:

Name: _____
(Last, First, Initial)

Address: _____
(Street, City, State, Zip)

Mother's Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Elementary School District that you **reside** in: _____
(Elementary school boundaries may be relevant to association boundaries)

Child Birthdate _____ Playing Age _____ (child's age as of 4/30/11)

Name of Health Insurance Coverage Provider: _____

Does the Player play baseball on another team such as AAU or Travel Team or School Team?
Yes _____ No _____ If Yes, What Team _____

I volunteer to:

- Coach Asst. Coach Sponsor Concession Stand
 Fund Raiser Pictures Team Mom/Dad

Consent to Play:

I/We the parents of _____, hereby give my/our approval for his/her participation in any and all activities of the Baseball Program of the WEAVER ATHLETIC ASSOCIATION. I/We assume all risks and hazards incidental to such participation including transportation to and from activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the WEAVER ATHLETIC ASSOCIATION, THE CHESTERFIELD BASEBALL CLUB, the organizers, sponsors, supervisors, participants, and persons transporting my/our youth to and from activities, for any claim arising out of an injury to my/our youth whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will furnish a copy of a certified birth certificate of the above youth. I/We understand no requests for refunds of registration fees will be considered after the first game.

Father: _____ Date: _____

Mother: _____ Date: _____

RETURN BY MAIL TO: Weaver Athletic Assoc., c/o Dave Billett, 1549 Winterfield Road, Midlothian, VA 23113

Staff Only:

Season _____ # of Players _____ Reg Ck # _____ Amt. Paid _____ Date _____ League Forms
Dep Ck # _____ Amt. Paid _____ Date _____ Birth Cert.

PANTS: Youth S M L XL Adult S M L XL