



**MAA Ball Registration Form (www.maaball.com)**

Fee to play: \$40.00 (\$75 max per family)  
**Checks payable to: MAA (\$25 return check fee)**

\_\_\_ New Player

\_\_\_ Experienced

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENTS:**

Please check if interested:

\_\_\_ Head Coach

\_\_\_ Assistant Coach

\_\_\_ Sponsor

\_\_\_ Field Prep

\_\_\_ Concession

\_\_\_ Opening Day Committee

**UNIFORM SIZES:**

Shirt Size (circle one only)

Youth X-Small

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

Pant Size (circle one only)

Youth X-Small

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

We, the Parents of \_\_\_\_\_, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Person to notify other than the parent or guardian in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have allergies, require special medications, or need any special treatment? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

We hereby agree that the Manchester Athletic Association (MAA) and its members, coaches, and officers and Manchester Township shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of MAA and we agree to indemnify and hold harmless MAA, its members, coaches, officers, Manchester Township and designates of any claim whatsoever.

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

Mail to:

Lisa Huddleston

12266 White Plains Road

Milan, IN 47031