

MAA Ball Registration Form (www.maaball.com)

Facebook: MAA Ball

Fee to Play: \$40 (\$80 max per family)

Checks payable to: MAA (\$25 return check fee)

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
- Opening Day Committee
- Umpire

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 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 Manchester Athletic Association (MAA) and its members, coaches, 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