

MT. AIRY BASEBALL REGISTRATION

(Use one form for each player)

Player's Name: _____ Sex: _____ Birth Date: _____ Age on 4/30/16: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Other Phone: _____ Email: _____

CIRCLE THE LEAGUE IN WHICH YOUR CHILD WILL PLAY

(Base choices on child's age as of 4/30/16)

Age	League	By 1/31	After 1/31	Age	League	By 1/31	After 1/31	Age	League	By 1/31	After 1/31
5	T-Ball	\$50.00	\$60.00	9	AAA	\$105.00	\$115.00	13	Seniors	\$125.00	\$135.00
6	T-Ball	\$50.00	\$60.00	10	AAA	\$105.00	\$115.00	14		\$125.00	\$135.00
7	AA	\$100.00	\$110.00	11	Majors	\$110.00	\$120.00	15	16	\$125.00	\$135.00
8	AA	\$100.00	\$110.00	12	Majors	\$110.00	\$120.00	17	18	\$125.00	\$135.00
								19		\$125.00	\$135.00

Make checks payable to Mt. Airy Baseball and mail to: Mt. Airy Baseball; 100 W. Mt. Pleasant Ave; Philadelphia, PA 19119

MAB UNIFORMS

(If you have any doubt, order a larger size uniform. Players like them a little loose!)

Shirt Size (all leagues):	Youth Sizes				Adult sizes				
	S	M	L	XL	S	M	L	XL	XXL
Size:	6-8	10-12	14-16	18-20					
Chest:	26-28	30-32	32-34	34-36	34-36	38-40	42-44	46-48	50-52
Pant Size – (all leagues except T-Ball)									
	S	M	L	XL	S	M	L	XL	XXL
Waist:	20-22	22-24	24-26	26-28	26-28	30-32	34-36	38-40	44-46

Are there any known disabilities or conditions that would limit or affect your child's participation in this activity? _____ If yes, please explain: _____

Other important information you feel we should know: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW

I, the parent or guardian of the above named child, give my approval for his/her participation including transportation to and from all activities. I certify that my child, named above, is in good health and physically able to participate in the Mt. Airy Baseball Program consisting of practices and games. I do, hereby, release, absolve, indemnify and agree to hold harmless Mt. Airy Baseball, its officers, directors, managers, coaches, participants and volunteers for any claim arising out of any injury to my child. The forgoing release and indemnity shall apply to any injury or claim regardless of the conduct of the parties involved. I will furnish legal proof of age upon the request of League officials.

I understand that registration fees are not refundable, if my child does not participate.

Name of Parent or Guardian (please print) _____

Signature: _____ Date: _____

SPACES ARE LIMITED. REGISTRATION IS ON A FIRST-COME, FIRST SERVE BASIS