

AFFTON ATHLETIC ASSOCIATION

P.O. Box 230127 - St. Louis, MO 63123 – 314-843-4207

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REGISTRATION AND LIABILITY RELEASE FORM

Please check one: BASEBALL SOFTBALL CO-ED INSTRUCTIONAL

PLEASE PRINT CLEARLY

Child's Name: _____ Age: _____

Date of Birth: ____/____/____ Did you play **Summer** at AAA last year? Yes No Male Female

Last year's **Summer** team at AAA: _____ Play on same team? Y N

Would you be interested in managing a team? Y N Would you be interested in coaching a team? Y N

Child's Home Address: _____

City: _____ State: _____ Zip Code: _____

Child's Hm. Phone(_____) _____ School Attending: _____

Mother's Name: _____ Cell Phone: (_____) _____

Occupation: _____ E-mail: _____

Father's Name: _____ Cell Phone: (_____) _____

Occupation: _____ E-mail: _____

MAY WE GIVE YOUR CHILD'S MANAGER YOUR CELL #'S AND E-MAIL ADDRESSES? YES NO

Comments or Request: _____

Be advised that your request will be considered, but NOT GUARANTEED

IN ADDITION TO THIS REGISTRATION FEE, YOUR MANDATORY PARTICIPATION IN FUND RAISERS AND VOLUNTEER WORK IS REQUIRED TO SUPPORT THIS ORGANIZATION (E.G. RAFFLE TICKETS AND CONCESSION STAND DUTY). – A SEPARATE \$125.00 DEPOSIT CHECK PER CHILD IS REQUIRED AT REGISTRATION; IT WILL BE REFUNDED UPON COMPLETION OF ALL CONCESSION STAND DUTIES.

REFUND POLICY

All refund requests must be made in writing by either mail or email to the division Vice President or AAA office. **No refund after a child is placed onto a team unless there is a medical excuse from a doctor.** All requests will go before the Executive Board of Directors for approval. If the request is granted all raffle tickets must be turned in before the refund is issued. Concession Deposit will be refunded with all requests for refund that are made in writing.

I, the undersigned parent or legal guardian of the above-named minor, do voluntarily desire to enroll said minor in the Affton Athletic Association baseball/softball program and thereby agree to be bound by the By-Laws and Rules and Regulations thereof.

I certify that I am cognizant of all the inherent dangers, risks and hazards associated with Baseball/Softball.

In consideration of being permitted to enroll, I hereby voluntarily assume all risks or injury to above minor to my person or property, whether foreseen or unforeseen. I hereby release Affton Athletic Association, its employees, agents, representatives, and associated organizations from any claim, liability, demand or suit of any kind sustained, whether or not caused by the negligence of Affton Athletic Association and hold Affton Athletic Association and associated organizations harmless from any claim, liability, demand or suit arising out of any alleged malfeasance, misfeasance or nonfeasance arising with connection with the Affton Athletic Association baseball/softball program. This release shall be binding upon my heirs, administrators, executors, and assigns.

I represent that I am of lawful age and legally competent to sign this release, that I understand that the terms herein are contractual, and that I have signed this document as my own free agent.

By signing this release, I certify that I have read and fully understand the conditions herein provided. This release shall remain in full force and effect until such time as I notify Affton Athletic Association, in writing, of the cancellation of this release.

PARENT/GUARDIAN SIGNATURE _____ **DATE** ____/____/____

FOR AAA OFFICE USE ONLY

DOB VERIFIED: YES NO **DIVISION:** _____ **DRAFT POOL:** Y N **PLAYING UP:** Y N

REGISTER'S SIGNATURE: _____ **DATE:** ____/____/____

FEE \$ _____ **Mini Rookie \$35 - Co-Ed \$60 – 1st Child \$100 – 2nd Child \$80 – 3rd Child \$60 – 4th or more \$40**

RAFFLE \$ 20.00 **NOT to be added for Mini Rookie** **Child #** _____ **of** _____

TOTAL \$ _____ **PAID BY:** CK # _____ CASH _____ CREDIT CARD MC _____ Visa _____ Discover _____

of Raffle Tickets Given _____ **Con. Deposit given** YES NO **Last 4 #** _____