

MANHEIM ATHLETIC ASSOCIATION

REGISTRATION AND PERMISSION FORM

Baseball ☐ **Cheering** ☐ **Football** ☐ **Girls' Fast Pitch Softball** ☐ **Girls' Slow Pitch Softball** ☐

Player's Name: _____ **Birthdate:** _____ **Male** ☐ **Female** ☐

Address: _____

Street #	City	State	Zip

Email Address: _____

Did your child participate in THIS sport last year? yes no Team _____ Division _____

T-shirt size for Baseball/Softball Players (Circle): Youth Small Youth Medium Youth Large Youth X-Large

Adult Small Adult Medium Adult Large Adult X-Large Adult 2X-Large

Medical/Emergency Information:

(Please check box if you are the custodial parent or guardian that should receive primary notification regarding the child)

☐ **Father's Name:** _____ **Home Phone:** _____ **Cell Phone:** _____

☐ **Mother's Name:** _____ **Home Phone:** _____ **Cell Phone:** _____

Child's Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ **Phone:** _____

Medical Insurance Company: _____ **Phone:** _____

Policy Holder: _____ **Policy #:** _____ **Group #:** _____

IN CASE OF AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name: _____ **Home Phone:** _____ **Cell Phone:** _____

Name: _____ **Home Phone:** _____ **Cell Phone:** _____

Parent Approval and Medical Release

Recognizing the possibility of injury associated with participating in athletic activities and/or the sudden illness at an event, and in consideration for the Manheim Athletic Association and its affiliates accepting the registrant for the above athletic activity, I hereby release, discharge and/or otherwise indemnify the Manheim Athletic Association, its affiliated organizations and sponsors, their employee and associated personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

I certify that my son/daughter is physically fit and not under the direction of a physician or medical professional that prohibits or limits his/her activity or ability to participate in the above activity.

I hereby give my consent to have an athletic trainer, emergency personnel and/or a doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible for the reasonable cost of such assistance and or treatment.

Signature of Parent of Guardian

Date _____

Signature of MAA Witness

Date _____

I will participate in the fundraiser _____ *If No Fundraiser waiver Payment of \$* _____ *Check number* _____ *Cash* _____

Registration fee refunds may incur a handling fee