

Manor Ridge Athletic Association Spring 2012 Registration

Registrant's Name: _____ Age: _____ Date of Birth: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Parent/Guardian Name(s): _____

E-mail Address: _____ School _____

MEDICAL INFORMATION

Doctor: _____ Telephone: _____

Hospital Preferred: _____

Important Medical Information (*allergies, medication, conditions, etc*): _____

Emergency Contact: _____ Telephone: _____

Relationship: _____ Cell Phone: _____

RELEASE STATEMENTS

- 1) I, the parent/legal guardian of the above registrant, a minor, hereby release and/or indemnify the Manor Ridge Athletic Association (MRAA), their associated personnel, affiliated organizations, including the owner of facilities used by MRAA, against claims arising from physical injury as a result of the above Registrant's participation in MRAA activities. I will assume the responsibility to get participant to and from practices and games.
- 2) By signing this registration, I agree to all terms and conditions, including fundraiser participation and parent/player conduct code, of the Manor Ridge Athletic Association, as established by the MRAA Board of Directors.

**** Registration is NON-REFUNDABLE ****

Parent/Guardian Signature: _____ Date: _____

-----FOR MRAA USE ONLY-----

- Baseball Level: 10&U ___ 12&U___ 14&U___
- Softball Level: 10&U ___ 12&U___ 14&U___
- TeeBall

Registration Fee: \$ _____

Fundraiser: 25.00

Total Received: _____

Cash Received by: _____

Check (No.) _____ Date: _____

I would volunteer for (check at least one):

- Coach** **Team Parent** **Concessions** **Field Preparation** **Fundraising** **Tournament Ass't**