



Paxton Athletic Association

A Non-Profit Organization Located in Lower Paxton Township

P.O. Box 6008, Harrisburg, PA 17112

<http://www.paxtonathletics.org/>



LEGION & TEENER BASEBALL REGISTRATION FORM

Player's Name: _____ Date of Birth: _____

Player's Address: _____

Home Phone: _____ Player's Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Mother's Name: _____ Work/Cell Phone: _____

Email Address: _____

Insurance Provider: _____ Policy Number: _____

Pant Size: Youth M L XL **Shirt Size:** Adult S M L XL
(Please circle one) Adult S M L XL (Please circle one)

Previous Team(s) Played On: _____

Position(s) Played: _____

I, the undersigned parent/guardian of the above named athlete, do hereby make application and give my approval for his/her participation in any and all of the activities required during the current season of the Paxton Athletic Association's (PAA) Legion and Teener baseball program. I assume all the risks and hazards incidental to the conduct of the activity, as well as transportation to and from such activities. I do hereby release, absolve, indemnify and hold harmless, the PAA, the organizers, sponsors, coaches, supervisors and/or any other persons placed in a supervisory capacity over such activities, and do hereby waive any claims which may arise because of the agreement and/or these activities.

I do hereby attest that I do carry the above insurance and do fully agree that any injuries incurred by the athlete during these activities will be charged to this insurance. I understand that the PAA does carry an excess insurance policy which will, within the limits of such policy, pay any medical, dental and/or hospital expenses not paid by my insurance, providing such injury is reported to the PAA within forty-eight (48) hours of such injury. I do understand that each athlete may be required to undergo a physical examination prior to entry into some activities. If such physical is required, the PAA will furnish the necessary forms, but the cost of such examinations will be borne by me, the parent/guardian.

Furthermore, I do hereby agree, by my signature below, to be responsible for any equipment signed out by the athlete. I do agree to return to the PAA, at the request of the head coach or upon the resignation or removal of the athlete, all equipment signed out. This equipment will be clean and in at least the same condition as when issued, minus normal wear and tear. I further agree to reimburse the PAA for any equipment lost, destroyed or damaged, and to reimburse the same for any cleaning expenses required. I understand that there will be additional equipment needed by the athlete which is not furnished by the PAA. Baseball gloves, shoes, athletic supporters, mouthpieces, etc., are just some of the items which are required and will be the responsibility of the parent/guardian.

I understand that the PAA makes no promises as to the playing time my athlete may experience during the season. Playing time will be at the discretion of the head coach, and will be determined by the athlete's own abilities, attitude, effort and his participation and in practice sessions, games, etc. To all of the above, I do formally agree and give my full consent and approval to this athlete to participate in the PAA Legion and Teener baseball program.

Signature of Parent or Guardian: _____

Date: _____

Photo Release for Children Under 18 Years of Age

I hereby grant Paxton Athletic Association to use the photo and or other digital reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Parent/Guardian Initials: _____

For Association Use Only

Fundraiser: Yes _____ ticket range # _____ **OR** No _____ buyout received \$ _____

Registration: (circle one) Individual/\$85.00 **OR** Family/\$130.00 Received by: _____