**2019 SPRING MOUNT JOY ATHLETIC ASSOCIATION PLAYER CONTRACT**

PLAYERS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD REGISTRATION: CASH CK#\_\_\_\_\_\_\_$\_\_\_\_\_\_BO\_\_\_\_\_

D.O.B \_\_\_\_:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH CERTIFICATE# (1ST YEAR PLAYER)\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEAM AFFILIATED LAST SPRING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM ELIGIBILITY THIS YEAR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BASEBALL**

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8U 10U

12U 14U

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEE BALL

Recognizing the potential for injury associated with participating in the athletic activities and/or the sudden illness at an event, and in consideration for Mount Joy Athletic Association (MJAA) accepting the registrant for the above athletic activity, I hereby release, discharge and/or otherwise indemnify the Mount Joy Athletic Association, its affiliated organizations and sponsors, their employee and associated personnel, including the owners of the field 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 transported to or from the same, which transportation I hereby authorize.

I certify that my son is physically fit and not under the direction of a physician or medical profession that prohibits or limits his activity or ability to participate in the above activity. I hereby give my consent to have an athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son with medical assistance and treatment and agree to be responsible for the responsible cost of such assistance and or treatment. **I give my consent that my child may be photographed for possible use in the MJAA website, or local newspapers.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE OF PARENT

EACH CHILD WILL BE COVERED WITH MEDICAL INSURANCE ACCORDING TO THE TERMS OF OUR POLICY.

**REGISTRATION FEES: $50.00/ TEE BALL (ONLY) $30.00/ PLAYER, $100.00 FAMILY(2 OR MORE PLAYERS)**

HAT SIZE XS/S S/M M/L XL SHIRT SIZE YS YM YL AS AM AL AXL

SHIRT NUMBER \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_