

Mount Joy Athletic Association 2020 BASEBALL REGISTRATION

Open To All Players Living In Mount Joy, Maytown, Marietta & Surrounding Areas!

Registration Closes January 24th at midnight

Online www.mountjoyaa.com or

In person during **Winter Warm-ups** at Elite Baseball, 218 S. Plum St., Mount Joy

8U Saturday 9-10am

10U Saturday 5:30-6:30pm

12U Saturday 6:30-7:30pm

14U Saturday 7:30-8:30pm

Winter Warm-ups begin Saturday after Thanksgiving

Everyone is welcome! NO COST!

Elite Baseball, 218 S. Plum St., Mount Joy

Tee Ball

\$30 per player

One day a week and Saturday mornings at The Lakes field in Mount Joy only

First year players in MJAA please bring a copy of birth certificate

8U

\$35 per player

Donegal Pee-Wee League played within the Donegal, Manheim Central & Columbia school districts

10U

\$35 per player

Lancaster County Youth Baseball League

12U & 14U

\$50 per player

Lancaster County Youth Baseball League

Tryouts January 26th 1-6pm

Keystone State Baseball & Softball Academy, 662 Ditz Dr., Manheim

Makeup tryouts schedule during Winter Warm-ups at Elite Baseball, 218 S. Plum St., Mount Joy

Join Us
Opening Day
at Kunkle Field
Wiffle Ball, Raffles,
Concession Stand & More



FREE
FALL BALL
included with spring registration

Like Us On
Facebook

Questions Contact Stacey Crider at (717) 682-8592

The Donegal School District is not offering, sponsoring or endorsing this activity.

Mount Joy Athletic Association 2020 Baseball Registration

Registration Deadline January 24, 2020

PLAYER INFORMATION

Player's Name _____

Address _____

Phone _____ Date Of Birth _____

Team Eligibility This Year:

Tee Ball
\$30

8U
\$35

10U
\$35

12U
\$50

14U
\$50

with a max. of \$100 per family

Jersey Size: YS YM YL S M L XL Number _____ Hat Size: XS/S S/M M/L XL
1st Choice 2nd Choice 3rd Choice

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Name _____

Address _____

Phone _____

Email _____

Relationship _____

Parent/Guardian Name _____

Name _____

Address _____

Phone _____

Email _____

Relationship _____

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 employees 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 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. ***NO REFUNDS*****

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

Signature _____ Date _____

PAYMENT

Cash
\$ _____

Check

Credit Card (online only)
www.mountjoyaa.com

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