

# 2010 Akron Sports Inc. Baseball Registration

PO Box 13, Akron, NY 14001

Deadline January 31, 2010

**Circle League:**

A – Grades K – 1    AA – Grades 2 – 3    AAA – Grades 4 – 5    Majors – Grades 6 – 7    Babe Ruth – Ages 13 – 15

**Player Information:**

<b>Player's Name:</b> _____	<b>Date of Birth:</b> _____
<b>Address:</b> _____	<b>Town:</b> _____ <b>Zip:</b> _____
<b>Email Address :</b> _____	
<b>Previous Baseball Experience (Circle):</b> <b>Yes</b> <b>No</b>	<b>Number of Yrs</b> _____
<b>First registration with Akron Sports Baseball (Circle):</b> <b>Yes</b> <b>No</b>	
(If yes a photo copy of birth certificate is required with registration)	
<b>Please Check Appropriate Jersey Size:</b>	
Youth Sizes:    Small(6-8) _____    Medium(8-10) _____    Large(12-14) _____    XL(16-20) _____	
Adult Sizes:    Small _____    Medium _____    Large _____    XL _____	
<b>Please Check Appropriate Pant Size :</b>	
Youth Sizes:    Small(6-8) _____    Medium(8-10) _____    Large(12-14) _____    XL(16-20) _____	
Adult Sizes:    Small _____    Medium _____    Large _____    XL _____	

**Fee Schedule: (Fill in appropriate fee)**

League	Fee	Concession Stand Fee *See note 1	If <input checked="" type="checkbox"/> Opting Out of Fund Raising **See note 2	Opt Out Of Candy Bar Fund Raising	Payment Required
<b>A</b>	\$40	\$20		\$40	
<b>AA</b>	\$55	\$20		\$40	
<b>AAA</b>	\$60	\$20		\$40	
<b>Major</b>	\$65	\$20		\$40	
<b>Babe Ruth</b>	\$75			\$40	

1. Please write a separate check for the \$20 concession fee. This check will not be cashed unless you do not sign up and work the concession stand at least one time during the season. Upon working the concession stand the check will be returned to you that day. If you do not work the concession stand the check will be deposited at the end of the last game of the season.

2. If you choose not to participate in the candy bar fund raiser please check the appropriate box and add \$40 to your child's registration fee.

**Do Not Write Below Line** \_\_\_\_\_

**Total Paid \$** \_\_\_\_\_ **CHK** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Birth Cert. On File** \_\_\_\_\_ **With Reg.** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Remarks:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **H #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **H #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Is child on regular medication?** No \_\_\_\_\_ Yes \_\_\_\_\_ **What kind** \_\_\_\_\_

**List of medical problems or allergies:** \_\_\_\_\_

**Medical Emergency Consent** – I hereby give my full consent for any emergency medical care which may be given under whatever conditions as may be necessary to preserve life, limb or well being of the above stated child. I also agree that a copy of this authorization shall be considered as effective and valid as the original.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **NY**  
**(Must be signed by parent or legal guardian)** **(Location)**

**Parental Consent/Acknowledgement** – I hereby grant permission for said child to participate in activities related to the “Youth Baseball” program offered by Akron Sports, Inc., and certifies that he/she has no known health conditions or physical limitations whereby such participation may endanger his/her safety or well being. I further attest to the accuracy of all information and shall and forever, both jointly and severally, keep, save and hold harmless, Akron Sports Inc., it’s officers, directors, coaches associates, sponsors, and designees, from and liability, suits, actions or causes for actions, whether public or private, for damages of injuries arising out of said child’s and my own, attendance and/or participation in any activities offered by Akron Sports, Inc.. It’s further understood and agreed that the parents and participants will abide by the rules and regulations enacted by Akron Sports, Inc.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **NY**  
**(Must be signed by parent or legal guardian)** **(Location)**

**Coaches and Volunteer Participation Request Form**

Akron Sports Inc. is an entirely volunteer organization, and is dependent upon parental support for its success. Please make an investment in your child and other children in the community by contributing your time to our programs.

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email :** \_\_\_\_\_

- \_\_\_\_\_ **I would like to be considered for the role of Coach for \_\_\_\_\_ league.**
- \_\_\_\_\_ **I would like to be considered for the role of Asst. Coach for \_\_\_\_\_ league.**
- \_\_\_\_\_ **I would like to be considered for the role of umpire.**
- \_\_\_\_\_ **I am interested in participating in field preparation and maintenance.**

Please provide below any previous experience you may have in the area you are requesting to be considered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_