

**McCandless Athletic Association
Registration Form/Medical Release
Make checks payable to: McCandless Athletic Association**

Player's name		Home phone
Home Address		Gender (M/F)
Email Address		
Date of Birth	Baseball: Age (on 4/30/08)_____	Softball Age: (12/31/07)_____
School you attend:	Did you play for McAA last year?	
Did you play elsewhere:	What positions?	
Father's name:	Place of employment	Phone
Mother's name:	Place of employment	Phone
Player's shirt size (specify Youth or Adult)		

Parents: All parents are expected to help with concessions and field maintenance and will be scheduled for those tasks. If you would like to volunteer for additional jobs, please check off the appropriate space below:

<input type="checkbox"/> Umpire	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Scorekeeper
<input type="checkbox"/> Team Representative	<input type="checkbox"/> Team Coach	<input type="checkbox"/> Field Prep.

Medical Authorization

Does this player have any medical history or problem with which the Association should be familiar (i.e., allergies, diabetes, convulsive disorder, serum sensitivities, regular medication, etc.)?
If so, what? _____

TO WHOM IT MAY CONCERN: If neither of the parents can be contacted in the case of serious injury or illness, I hereby authorize representatives of the McCandless Athletic Association to act as my agent to secure emergency medical treatment for _____, a minor child for who I am responsible, at the nearest hospital, when, in the opinion of the Association Representatives, such emergency medical treatment is deemed appropriate during the time when my child is engaged in Association activity. I hereby agree to hold the McCandless Athletic Association and its Representatives harmless for exercising its judgement in authorizing such emergency medical treatment and said Representatives are specifically authorized to sign any required emergency hospital treatment forms on my behalf.

Signature of parent or guardian _____ Date _____
Family physician _____ Phone _____
Nearest relative/neighbor _____ Phone _____

By my signature, I:

1. Endorse my son/daughter's participation in the McCandless Athletic Association program. I understand that the primary objective of this program is to provide training and guidance for the youth of our community.
2. Understand that I will be scheduled several times during the season to work in the concession stand on behalf of my child's team. I further understand that I will also be assigned other volunteer tasks such as field maintenance or other special projects which will enhance the facilities that my child utilizes to play ball.
3. Agree to release, absolve, indemnify, and hold harmless the McCandless Athletic Association, its Officers, Directors, Coaches and Supervisors in the case of injury to my son/daughter during these activities and when being transported to or from these activities.
4. Agree to ensure that any equipment loaned to my son/daughter is returned at the end of the season.
5. Understand that insurance coverage on children by the Association is a \$25 deductible policy. You or your own insurance will be responsible for the first \$25 cost of injury to your child.
6. Understand that the Elected Officers, Board of Directors and Appointed Officers are all volunteers within the McCandless Athletic Association and will respect their time, privacy and judgment accordingly.

Signature of parent or guardian _____ Date _____

For Official Use Only

Spring ____ Fall ____ League _____ BB ____ SP ____ FP ____ Birth Certificate

Checked by: _____ Reg. Amt.: _____ Monte Carlo \$ _____ Activity Fee \$ _____ Total \$ _____