A.I.S.A. REGISTRATION FORM 2010

STEP #1

Registration Fee (per player)	Boys & Girls Baseball	reg.	tix	total
Family Maximum A family shall pay no more than $190 in ***registration*** Fees or $50 in ***Raffle tickets***.	1) Instructional (5 & 6)	$40	+ $30	= $70
	2) Junior (7 & 8)	$65	+ $30	= $95
	3) Minors (9 & 10)	$85	+ $30	= $115
	4) Majors (11 & 12)	$90	+ $30	= $120
	Girls Softball (9 – 13)	$85	+ $30	= $115

STEP #2

1) Child #1: $_____
Child #2: $_____
Child #3: $_____
Child #4: $_____

STEP #3

Total Due: $_____
A.I.S.A.

Birth Certificate *MUST BE SHOWN for first time registrants* at Registration with proof of residency

Print Players Last Name	Print Players First Name	MI	M/F	Date of Birth

Print Street Address	Zip Code	School

Primary Parent or Guardian	Primary Phone #	Primary Email Address (Please Print)

Secondary Parent or Guardian	Secondary Phone #	Secondary Email Address (Please Print)

Medical Information: Physical limitation i.e., allergies, hearing, sight, etc:

Parent or Guardian is willing to: Coach _____ Assistant Coach _____ Team Manager _____ Board Member _____ (pending open positions)

(check all that apply)

How did you hear about us: ___ past player ___ postcard ___ handout from school ___ poster in school ____other

Special request for specific team assignments & coaches are limited to the Instructional & Junior Division ONLY!

Parent or Guardian:

I, the undersigned, agree to let my child participate in the A.I.S.A. Baseball League. My child and I understand that there are inherent risks and dangers in playing baseball. We hereby assume those risks and dangers and further agree to indemnify and hold harmless the All Irondequoit Sports Association, Inc., the Board of Directors, coaches, umpires, volunteers and other individuals involved in the operation of the league for any and all injuries or losses that arise from any activities related to the league. I understand that baseball is a game involving extensive running and other physical exercise. I understand that it is my responsibility, through consultation with my family doctor, to insure that my child is fit to participate.

_____ Date

_____ Signature of Parent/Guardian

_____ PRINT Name of Parent/Guardian

BASEBALL SHIRT SIZE:

_____Youth Medium (10-12)
_____Youth Large (14-16)
_____ Adult Medium
_____Adult Large
_____Adult X-Large
All shirts are 50/50 cotton/poly

BASEBALL/SOFTBALL PANT SIZE:

_____Youth Medium (10-12)
_____Youth Large (14-16)
_____ Youth X-Large (18-20)
_____Adult Small (28-30)
_____Adult Medium (32-34)
_____Adult Large (36-38)
_____Adult X-Large (40-42)

SOFTBALL SHIRT SIZE:

_____Womens Small
_____Womens Medium
_____Womens Large

All shirts are 50/50 cotton/poly

League Use Only

_____
_____
_____
_____

Division:

_____Instructional
_____Juniors
_____Minors
_____Majors
_____Softball

League Use Only

Initials:_____ Date: _____ Total Received:_____ Family Maximum:_____

Check #:_____ Cash Amount _____ Received Raffle Tickets (date) _____ Raffle Ticket Numbers _____