

GAA Use: Cash: _____ Check#: _____ Grade: _____

G.A.A. Softball 2019 REGISTRATION

MAKE CHECKS PAYABLE TO "G.A.A. SOFTBALL"

Fees: 3rd/4th Grade = \$65 5th/6th Grade = \$65

Grade Level: 3rd / 4th / 5th / 6th

Player's Name: _____ **Birth Date:** _____

Address: _____

Home Phone: _____ **Parent Email (please print legibly):** _____

Parent Name: _____ **Parent Cell Phone #:** _____

Parent Name: _____ **Parent Cell Phone #:** _____

SHIRT SIZE – Circle One: Youth Size: S / M / L / XL or Adult Size: S / M / L / XL

WILLING TO: _____ COACH _____ ASSIST _____ HELP _____ ASSIST WITH FUNDRAISER

RELEASE: I, the parent/guardian of the person named on this form, a minor, agree that I and the registrant will abide by the rules of the MIAA, the Town of Granby, GAA and MacDuffie School, their affiliated organizations and sponsors. I desire to have the registrant participate in the basketball programs and activities, whether they are indoors, or outside, and including practices and clinics ("Programs"), offered by or in connection with the MIAA, the Town of Granby, GAA, MacDuffie School and / or their affiliated organizations and sponsors. I recognize that the registrant may suffer physical injury or death as a result of the registrant's participation in the Programs. Accordingly, in consideration for and as an inducement to MIAA, the Town of Granby, GAA and MacDuffie School accepting the registrant for participation in the Programs, on behalf of myself and the registrant I, hereby release, discharge, hold harmless and indemnify MIAA, the Town of Granby, GAA, MacDuffie School, their affiliated organizations and sponsors and respective officers, directors, employees, coaches, committees and associated personnel, including, without limitation, the owners of the fields and facilities utilized for the Programs, of and from any claims, demands, actions, causes of action, suits and liability arising as a result of the registrant's participation in the Programs including, without limitation, the transport of the registrant to or from the Programs, which transportation I hereby authorize. Signature of Parent/Guardian for Release/Consent at bottom of form.

COACH'S IN CASE OF EMERGENCY CONTACT INFORMATION

Person to Contact: _____ **Relationship to Player:** _____

Contact Person's Phone Number(s): _____

Doctor to Notify: _____ **Phone Number:** _____

Known medical problems/allergies: _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR: As parent or legal guardian of the minor named on this form I give my consent to seek, obtain, and provide emergency medical treatment for such minor in case of injury that occurs while participating in Granby Youth Basketball related activities. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of such minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

Parent/Guardian Signature for Release/Consent: _____ **Date:** _____