

GAA Baseball
Spring Registration

_____ Tee-Ball League (boys and girls ages Pre-K and K) Fee \$50

Tee Ball will be held at Dufresne or Brown Ellison Park. Practices and games will be held on Wednesday evenings and Saturday mornings from April 25th-June 15th. Each player will receive a hat and a shirt

_____ Coach Pitch League (boys and girls in 1st and 2nd grade) Fee \$50

coach pitch will be held at Dufresne or Brown Ellison park. Practice and games will be held on Tuesday evenings and Saturday mornings from April 25th-June 15th Each player will receive a hat and shirt

_____ 3rd and 4th Grade teams Fee \$90

Players are introduced to kid pitch baseball. Games and practices will be held at Dufresne park. If we have enough kids for multiple teams we may hold tryouts and put together a competitive travel team. Kids should wear baseball pants and cleats are recommended.

_____ 5th and 6th Grade teams Fee \$90

Games and practices will be held at Brown Ellison park. If we have enough kids for multiple teams we may hold tryouts and put together a competitive travel team. Kids should wear baseball pants and cleats are recommended.

_____ 7th-9th Grade Teams Fee \$175

This team will be comprised of kids that are not ready for junior varsity baseball or even may be on the team but are not receiving significant playing time.

Players Names : (Print) _____

Date of Birth: _____

Address: _____

Phone: _____

Grade: _____

Willing To: _____ COACH _____ Assist _____ Help

Baseball MEDICAL AUTHORIZATION

As a parent or legal guardian of (CHILD'S NAME PRINTED) _____, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Please Print:

PARENTS' NAMES: _____

ADDRESS: _____

CITY OR TOWN: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____ BUSINESS PHONE#: _____

E-MAIL ADDRESS: _____

SIGNATURE: _____

Does the participant have any health problems? Yes _____ No _____

If yes, please explain.

If the participant allergic to any medicines? Yes _____ No _____

If yes, please specify.

GAA RELEASE

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Granby Athletic Association ("GAA") Recognizing the possibility of physical injury associated with baseball and in consideration for the GAA accepting the registrant for its baseball programs and activities. I hereby release, discharge and/or otherwise indemnify the GAA, its sponsors, its officers, Board of Directors, head and assistant coaches, members, or agents against any claim by or on the behalf of the registrant as a result of the registrant's participation in its programs and activities, including being transported to or from the same, which transportation I hereby authorize.

PARENT'S SIGNATURE: _____ DATE _____

Granby Athletic Association Sports Adult Code of Conduct Contract

- I hereby pledge to provide positive support, care and encouragement for my child and other children participating within this program by following this Code of Ethics to help establish a positive experience for all players, coaches, and families involved.
- I will encourage and demonstrate by example the importance of good sportsmanship and positive support for all players, coaches, and officials at practices and games.
- I will place the emotional and physical well-being of my child over my personal desire to win.
- I will assist in a drug, tobacco and alcohol-free environment.
- I will assist in teaching my child that rules are important and must be followed.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I understand that verbal and physical abuse including profanity and foul language is not to be tolerated against anyone in this organization.
- I understand that racial epithets or negative innuendo related to a person/players race, religion or ethnicity would not be tolerated.
- I will respect all officials, coaches and volunteers.
- I will not approach a coach before or after a game, and I will wait 24 hours before speaking with a coach.
- I will not create conflict by slander, malicious rumors or threats, nor will I entice others to do so either verbally or through social media.

****IMPORTANT NOTICE****

I understand that both my son or daughter and I will be fully committed (attending practices and games) and supportive of the GAA Sports Program.

It is the expectation of this Association & Program that both parent and coach should always act in a manner exemplifying the vary attributes that are instilled in the participants by various programs of the Granby Athletic Association. We expect parents to treat others as you know they should be treated and as you wish them to treat you.

At no time should a parent or coach confront each other before, during or after a contest or practice. Furthermore any such contact in the presence of children will call for immediate sanction.

Any concern(s) between parent and coach should follow the guidelines established by the agreement where:

1. Concerns are brought to the attention of the Sport Director.
2. Parties will be allowed to speak with the Sport Director.
3. Should the Director and Party(s) reach an impasse, this matter shall than be presented to the Association.
4. Each Party shall be given an opportunity to present the matter before the Association.
5. Once each Party has presented, the Association shall within a specified time announce its decision.

The Association & Program strongly discourages the use of any social media to broadcast thought and judgments which may bring hurt upon any/all involved. Broadcasting disparaging remarks and opinions (directly or indirectly) about a coach, parent or athlete are strongly discouraged. It is the hope that the execution of this document will discourage any/all behavior which may be detrimental to the children and citizens of the Town of Granby.

By signing below, I understand that if I violate any of these Codes of Ethics it will affect my/our participation in any activity for not less than the balance of the current season, or as determined by the Granby Athletic Association.

Your signature constitutes acknowledgement by both spouses/guardians of the agreement to abide by the rules and regulations stated above.

Signature: _____

Print Name: _____ Date: _____

Player Name(s) _____ Grade: _____