



MAA Ball Registration Form (www.maaball.com)

Fee to play: \$45.00 (option to sell 45 raffle tickets)

Checks payable to: MAA

New Player

Experienced

Child's Name: _____ Age: _____ DOB: _____

Address: _____

Phone Number: _____ Cell Number: _____

Parents Name: _____

Email Address: _____

School Presently Attending: _____ Grade: _____

PARENTS:

Please check if interested:

Head Coach

Assistant Coach

Sponsor

Field Prep

Concession

Opening Day Committee

UNIFORM SIZES:

Shirt Size (circle one only)

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

Pant Size (circle one only)

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the Parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Person to notify other than the parent or guardian in case of emergency:

Name: _____ Relationship: _____ Phone #: _____

Does your child have allergies, require special medications, or need any special treatment? Yes No

If yes, please explain: _____

We hereby agree that the Manchester Athletic Association (MAA) and its members, coaches, and officers and Manchester Township shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of MAA and we agree to indemnify and hold harmless MAA, its members, coaches, officers, Manchester Township and designates of any claim whatsoever.

Parent/Guardian Signature: _____ Date: _____

Mail to:

Lisa Huddleston

12266 White Plains Road

Milan, IN 47031