

Folsom Athletic Association

All parents must attend a MANDATORY meeting on Thurs. 03/05/09 @ 7:00pm

*** see flyer for details ***

Participant (Please Print):

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

ZIP CODE _____ DOB _____

Using the address above, is Hammonton High School the public school sending district? YES NO

Please circle one: BOY GIRL Birth Certificate Submitted with this application: YES NO

Parent or Guardian:

LAST NAME _____ FIRST NAME(S) _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

Does the participant have any medical conditions of which the coaches should be made aware? YES NO (If yes, please complete the medical information form on the back of this application.)

Emergency Contacts (2): NAME _____ PHONE _____

NAME _____ PHONE _____

Please check one of the following:

TEE-BALL BOYS & GIRLS Players must be **4, 5, or 6** years old on October 1, 2009

GIRLS ROOKIES SOFTBALL Players must be **7 or 8** years old on Jan 1, 2009

GIRLS U10 SOFTBALL Players must be **9 or 10** years old on Jan 1, 2009

GIRLS U12 SOFTBALL Players must be **11 or 12** years old on Jan 1, 2009

GIRLS U14 SOFTBALL Players must be **13 or 14** years old on Jan 1, 2009

GIRLS U16 SOFTBALL Players must be **15 or 16** years old on Jan 1, 2009

BASEBALL – *** 18 & UNDER LEAGUE *** Players can not be **19 years** old before May 1, 2009

PLEASE COMPLETE MEDICAL INFORMATION ON BACK PAGE...

FEES

TeeBall - \$40

18 & Under Baseball – 1st child - \$75 ***

Softball – 1st child - \$55

2nd child - \$60

2nd child - \$50

*** REQUIRED to sell ENTIRE raffle ticket book!

3rd child - \$45

\$10 Late Registration Fee if received after February 23, 2009

If registering by mail, please send check or money order to the Folsom Athletic Association,
C/o Barbara Ballistreri, 1310 Memory Lane, Folsom, NJ 08037.

I would like to help in the area(s) I have checked below:

Manager Coach Umpire Community Day

Team Parent Field Care Concession Stand Picnic

***** I HEREBY AGREE AND UNDERSTAND THE FOLLOWING *****

1. Uniforms: The uniform(s) is the property of the FAA and is to be returned to the FAA by the end of the season. If the uniform is not returned by said date, I will be assessed a uniform deposit in the following season. If my child will be too old to play the following season, I have to pay the cost of a new uniform.
2. Concession Stand: I understand that I must work 2 times PER child in the concession stand during the season. In the event I do not complete my stand duty, as scheduled, I will be fined an equal amount to my registration fee next season. I accept these conditions.

Parent/Guardian Signature: _____

DATED: _____

Amount Paid \$_____ - Check #_____ or () Cash

Folsom Athletic Association

Medical Information Form

Child's Name _____

Existing Conditions:

Does the participant have any existing injuries, illnesses, or allergic conditions in which the coaching staff needs to be aware? Please explain.

In my absence, in case of emergency, use this form for information only. This does not authorize medical treatment for more than emergency care.

Parent's signature _____

My child is covered under the following family medical insurance:

POLICY No.: _____ **SUBSCRIBER:** _____

INSURANCE COMPANY: _____