

P.O. Box 242

Glenshaw, Pennsylvania 15116

PLAYER'S IDENTIFICATION FORM

ALL NEW PLAYERS TO THE ORGANIZATION MUST PROVIDE PROOF OF AGE WITH A COPY OF BIRTH CERTIFICATE AT REGISTRATION

First Name: _____

Last Name: _____

www.dehavenaa.org

Address _____

City, State Zip _____

Home Phone () _____

Cell Phone #: () _____

Mother: _____ Father: _____

Shirt Size Circle One: (Youth) YS YM YL (Adult) AS AM AL AXL

Hat Circle One Youth Adult

BIRTHDATE: (MM/DD/YY): _____

GENDER: Male Female

EMAIL(1): _____ (2) _____

Please list any other summertime activities your child will participate in: _____

PARENTS/GUARDIAN: PLEASE READ CAREFULLY

In consideration of the acceptance of the above player in the baseball-softball program conducted by the Association, the undersigned parent-guardian of the player hereby authorizes the player to participate in the program, with the knowledge that the player will be exposed to the hazards and risks involved in athletic activities. I do hereby release, absolve, indemnify and hold harmless, the association, it's directors and officers, and all volunteers of the association. I further waive any claim against any person transporting the player to or from activities, to the extent not covered by my or the volunteer's liability insurance.

X _____ SIGNATURE OF PARENT/GUARDIAN

FOR BOARD USE ONLY

Clinic/T-Ball 4-6 Girls & Boys

	7-8	9-10	11-12	13-14
BOYS BASEBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	7-8	9-10	11-12	13-15	16-18
GIRLS SLOW PITCH SOFTBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	9-10	11-12	13-15	16-18
GIRLS FAST PITCH SOFTBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DeHaven Athletic Association

P.O. Box 242

Glenshaw, Pennsylvania 15116

PARENT REGISTRATION FORM

Name: (Head of Household _____)

Address: _____

City, State Zip: _____

Home Phone: _____

Email Address: _____

Are you interested in **Managing** a team? If Yes, check appropriate box below

Boys Age _____

Girls Age _____

If for any reason you withdraw from DAA, you will forfeit \$25.00. **NO FEES WILL BE REFUNDED AFTER APRIL 1st.** No application will be accepted after **Feb 28.**

NOTE: FAMILY MAXIMUM REGISTRATION FEE IS \$195. (THIS EXCLUDES FEDERATION, PONY LEAGUE AND FAST PITCH SOFTBALL WHEN DOUBLE ROSTERING WITH SLOW PITCH.)

FOR LEAGUE USE ONLY

<u>BOYS & GIRLS</u>	<u># OF PLAYERS</u>	<u>FEE</u>	<u>AGE</u>	<u>AGE</u>			
CLINIC & T-BALL	_____	\$60	5	6			
<u>GIRLS SLOW PITCH</u>	<u># OF PLAYERS</u>	<u>FEE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>
INSTR. TO SENIORS	_____	\$85	7-8	9-10			
	_____	\$90			11-12	13-15	16-18
<u>GIRLS FAST PITCH</u>	<u># OF PLAYERS</u>	<u>FEE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>
FARMS & MAJORS	_____	\$90		9-10	11-12		
JUNIORS & SENIORS	_____	\$105				13-15	16-18
<u>BOYS BASEBALL</u>	<u># OF PLAYERS</u>	<u>FEE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>	<u>AGE</u>
INSTR. & FARM.	_____	\$85	7-8	9-10			
LITTLE LEAGUE	_____	\$90			11-12		
PONY	_____	\$125				13-14	
<u>TOTAL DUE</u>		_____					

CHECK # _____

CASH _____

APPROVED BY: _____