

- T-Ball Instructional Tadpole
- Midget Junior

SHIRT: KID S M L XL ADT S M L XL XXL

Player Name _____ Date of Birth ____/____/____
Address _____ ZIP _____ Male Female
Home Telephone _____ e-Mail _____
Father's Name _____ Cell Phone _____
Father's Occupation _____ Work Phone _____
Mother's Name _____ Cell Phone _____
Mother's Occupation _____ Work Phone _____
School _____ Grade _____
Doctor's Name _____ Doctor's Phone _____
Hospital _____ Medical Conditions _____

Is your child playing any other sports this fall season? _____

The HACAA will do its best to meet the needs of children that require specific nights for practice, attend practice on the same nights of a sibling in the league and/or need to arrange carpooling with other families in the league. The HACAA will also consider request for specific coaches. However, in order to maintain a competitive balance among all teams, the HACAA **CANNOT** guarantee the granting of these requests.

Please indicate which nights that your child **CANNOT** practice? (circle all that apply) M T Th F

Name of sibling(s) playing in the league _____ What division(s)? _____

Carpool family name _____ Coach Requested _____

The HACAA is run by volunteers and each parent/guardian will be asked to participate. Please indicate your areas of interest and provide the name of the person who will volunteer.

Head or Asst Coach _____(name) Concession Stand _____(name)

Field Preparation _____(name) Scoreboard _____(name)

Authorization for my child to play sports with HACAA requires the parent/guardian signature and the execution of a waiver/release form. In case of an accident or illness, and HACAA is unable to reach me, I hereby authorize HACAA to contact the physician listed above and to follow his/her instructions. If the physician is unavailable, HACAA may make whatever arrangements it deems necessary to provide appropriate care and treatment for my child. I hereby grant permission for my child to participate in the HACAA program listed above. I further agree that neither HACAA nor Hendricks Avenue Baptist Church ("HAB") will be held responsible for any loss caused by injury, theft, etc., which may occur during participation in any function of said program.

Parent/Guardian must sign here: _____ **Date:** _____

Would you be interested in receiving information about the Hendricks Avenue Baptist Church? **Yes** **No**

FOR LEAGUE USE ONLY

Birth Certificate on file _____ Birth certificate provided _____ Birth certificate needed _____ **WAIVER SIGNED** _____
PAYMENT AMOUNT _____ METHOD: Cash _____ Check # _____ Date _____ **SCHOLARSHIP** _____