

## District 2-North Spartanburg Athletic Assoc. Baseball Registration

### Player Information

Player Name:		Date of Birth	Age on 4/30 this year:
Address:		City:	ZIP Code:
Parents/Guardian Names:			
Mobile Phone:	Home Phone:	Email:	

### Baseball Experience

Number of Years Played:	Played with NSAA before? Yes / No	If Yes Coaches Name:
Highest Level Played(Circle One): Tee Ball / Coaches Pitch / Minors / Majors		All-Star: Yes / No

### Uniform Information (Circle one)

Pants Size	Shirt Size
Youth XS	Youth XS
Youth Small	Youth Small
Youth Med	Youth Med
Youth Large	Youth large
Youth XL	Youth XL
Adult Small	Adult Small
Adult Med	Adult Med
Adult Large	Adult Large
Adult XL	Adult XL
Adult 2XL	Adult 2XL

### I Hereby Volunteer to:

	Head Coach
	Asst. Coach
	Team Mom/Dugout Dad
	District 2 Superstar (\$50)
	Sponsor a Team (\$350 / \$400)
	Other

**Special Requests:**

### Parent/Guardian Authorization

Family Physician:		Phone:	
Insurance Company:		Insurance Policy #:	
Alternate Emergency Contact		Phone:	Relationship:
Please list any allergies/medical problems, including that requiring maintenance medication.			
Medical Diagnosis	Medication	Dosage	Frequency of Dosage

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician) The purpose of above listed medical information is to ensure medical personnel have details of any medical problem which may interfere with or alter treatment.

Waiver of Liability and Disclaimer: I, the parent or guardian of the above participant acknowledges that participation in athletic events necessarily involves risk of physical injury. I further acknowledge the parent volunteers not paid professionals primarily administer the programs of North Spartanburg Athletic Association (NSAA). In consideration for accepting registration of the above named participant and permitting the voluntary participation of said individuals in it's program, I hereby release, discharge and hold harmless NSAA, its employees, volunteers, sponsors, participants and other representatives from any physical injury that may result to said individual while participating in NSAA sponsored events, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during practice or games. NSAA does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference I understand that NSAA, may choose to participate and in any league or organization with which NSAA chooses to affiliate and consent to my child's participation in chosen league.

Signature-Parent Guardian \_\_\_\_\_

Date \_\_\_\_\_

#### Fees

Tee Ball(4-5-6)	\$60	_____
Coaches Pitch(7-8)	\$105	_____
Minors(9-10)	\$110	_____
Majors(11-12)	\$110	_____
Team Sponsorship	\$350/\$400	_____

#### League Use Only

Fee Paid \$ \_\_\_\_\_  
 Early Bird Discount Yes/ No \_\_\_\_\_  
 Multi Player Discount Yes/ No # of players registered \_\_\_\_\_  
 Cash / Check # \_\_\_\_\_  
 Total Fees Paid: \_\_\_\_\_