

St. Ambrose Athletic Association Registration Form
2011 Baseball, Softball & Tee Ball Registration Form

*****Please Print Legibly***Please Print Legibly***Please Print Legibly*****

Child's Last Name: _____	Child's First Name: _____
Address: _____	City, State, and Zip: _____
Birth Date: _____	Phone #: _____
Gender: _____ M _____ F	Grade CURRENTLY _____
Parish of Registration: _____	School Attending: _____
Parish of Residence: _____	
Parent's Names: _____	Phone #: _____
_____	Phone #: _____
Emergency Contact: _____	Address: _____
Relationship: _____	Phone: _____
Email Address _____	
List any medical conditions of the child: _____	

\$15.00 Registration Fee per child **IF PAID BY March 7, 2011** _____

\$30.00 FOR ALL REGISTRATIONS PAID AFTER Mar. 7, 2011 NO EXCEPTIONS

*******\$30.00 Charge on all returned Checks*******

TOTAL FEES INCLUDED: _____ Check Number: _____ Amount: _____

I would like to coach _____

My child also plays select baseball during the season _____

I agree to return all uniform items in good condition, or will pay to replace items at \$50 each. This represents the Uniform Return Agreement listed on the association web site.

NOTE: There exists the possibility that for any particular grade in any sport that we do not have enough athletes registered to field a complete team. When this occurs, the Athletic Association has the option to place athletes on teams from neighboring parishes. If this instance occurs with your athlete, please indicate below your preferences:

____ YES indicates that the Athletic Association may place the athlete on another team with a neighboring parish.

____ NO indicates that if St. Ambrose is unable to field a complete team, the athlete does not wish to participate in this sport for this season.