

Plainville Athletic League 2007 Registration Form

Player Name	Date of Birth	Gender	League Age
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Address	City		
Parent/Guardian			
Phone	Alt Phone 1	Alt Phone 2	EMAIL

In Case of Emergency (other than parent/guardian)		
Phone	Alt Phone 1	Relationship to child

Does child(ren) have health insurance coverage	Y <input type="checkbox"/>	N <input type="checkbox"/>	Insurance Carrier
Any Special Health Concerns the league or coach should know about?			

I/We the parents/guardians of the above named candidate(s) for a position on a Plainville Athletic League Team, hereby give my/our approval to his/her participation in any and all Athletic League activities during the **2007** season. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities; and I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Plainville Athletic League, the organizers, sponsors, supervisors, participants and persons transporting my/our child/children to or from activities, for any claim arising out of injury to my/our child/children. I/We assume all responsibility in the event of their injury. I/We agree to return upon request the uniform and other equipment issued to our child/children in as good a condition as when received, except for normal wear and tear.

Parent/Legal Guardian Signature: _____ Date: _____

FEE: Farm Level and Up \$130 (1st Child), \$75 (2nd Child), \$25 (3rd Child), \$20 (4th Child)
 Instructional Only (ages 5-7): \$75.00 (per child)
 FAMILY MAX: \$250.00 LATE FEE AFTER 1/31/07 - Additional \$40.00

AMOUNT PAID: _____ DATE PAID: _____ CASH _____ CHECK # _____
 BALANCE DUE: _____