

St. Joan of Arc 2010 Wee-Pee Baseball Registration Form

FEE \$25

DEADLINE: March 19

**This fee will be billed on the monthly school statement by the parish office.
Please DO NOT include any checks or cash with this registration.**

Participation cannot be guaranteed after the deadline.

Grade: _____

School: _____

Player Name: _____ Birth Date: ____/____/____

T-Shirt Size: Youth: S M L Adult Small

Parent Names: _____

Address: _____

Phone: _____ Email: _____

Are there concerns or special situations that we should know about? _____

Parent is willing to be a head coach: yes _____ no _____

Parent is willing to be an assistant coach: yes _____ no _____

Someone else who might be interested in coaching (name and phone):

We, athlete and parent, understand that participation in athletics involves the possibility of serious injury. In consideration of the benefits from and because participation in the St. Joan of Arc sports program is voluntary, the undersigned parent/guardian of (print name) _____ hereby waive, release, and discharge the players, coaches, assistants, St. Joan of Arc Athletic Board, St. Joan of Arc School/Parish, and its representatives, for all claims for or on account of any personal injury or damage to the said player of any kind arising in connection with said activity.

Parent Signature: _____ Date: _____