M.A.A.A. REGISTRATION FORM

❑ BASEBALL
❑ HOCKEY
❑ FIGURE SKATING
❑ OTHER _____

PARTICIPANT

NAME _____ YEAR OF BIRTH _____
First Last
MONTH/DAY _____

ADDRESS _____ PHONE# _____

_____ E-MAIL (optn' 1) _____

MOTHER / GUARDIAN

NAME _____ PHONE#
First Last
HOME _____

ADDRESS _____ WORK _____

FATHER / GUARDIAN

NAME _____ PHONE#
First Last
HOME _____

ADDRESS _____ WORK _____

EMERGENCY CONTACT PERSON
- OTHER THAN ABOVE

NAME _____ PHONE#
First Last
HOME _____

ADDRESS _____ WORK _____

PARTICIPANT'S DOCTOR _____ PHONE# _____

PARTICIPANT'S DENTIST _____ PHONE# _____

☞ DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS, INCLUDING ALLERGIES THAT WOULD INTERFERE WITH THEIR PARTICIPATION IN A MINOR SPORT PROGRAM? IF "YES" PLEASE EXPLAIN.

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In the event no one can be contacted, team management will admit my child to the hospital if deemed necessary. I hereby authorize the physician and nursing staff of any emergency unit to undertake examination, investigation and necessary treatment of my child. Parent / Guardian shall be responsible for any costs incurred.

Date _____ Signature of Parent/Guardian _____

❑ I hereby give consent for my child to have his/her photos taken.

❑ I do NOT give consent for my child to have his/her photos taken.

I agree to provide at least 15 hours of VOLUNTEER TIME per Participant, over the course of the calendar year, which could include the Food Booth and any other Fund-Raising Event the M.A.A.A. may host. I also understand that I must provide the Required Bond Cheque per Participant dated 3 months after the beginning of the season, that will be cashed in if I do not comply.

Date _____ Signature of Parent/Guardian _____

☞ $ AMOUNT DUE $ _____