

rev 1/12								FOR LEAGUE USE ONLY							
DIVISION								ACCOUNT NUMBER:				FEE DUE:			
TB	8B	PW	M	P	JG	IG	MG	Birth Cert. (NEW)	Date Paid	Amount Paid	Family Discount		Balance Due	Check or Receipt #	
											Amount	Ref. #			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

GOMPERS PARK ATHLETIC ASSOCIATION 2013

Registration Form

NOTE: REGISTRATION FEES ARE NOT REFUNDABLE

ALL FEES ARE DUE AT REGISTRATION

PLEASE PRINT CLEARLY

Shirt Size

A or Y

Shorts Size

A or Y

PLAYER'S NAME: _____ (M / F) AGE: _____ DATE OF BIRTH: _____
(circle) as of 4/30/13 (Mo./Day/Year)

ADDRESS: _____ ZIP: _____ PHONE: _____

FATHER'S NAME: _____ CELL PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

SCHOOL ATTENDING: _____
☐ New Player
☐ Returning Player. 2012 Division: _____

E-MAIL ADDRESS: _____

TEXTING NUMBER _____

If new, has he/she played organized ball before? Where? List experience if any.

Does player have brothers or sisters who will also be playing ball at Gompers Park this year? ☐ YES ☐ NO

If YES, please complete the information below.

Sibling(s) Name: _____ Age: _____ Age: _____
 _____ Age: _____

THIS FORM WILL NOT BE ACCEPTED WITHOUT PARENT/GUARDIAN SIGNATURE AND EMERGENCY CONTACT INFORMATION

I, a parent or legal guardian of the child named above, give my consent and permission for the child to participate in any and all activities of Gompers Park Athletic Association ("GPAA"). I understand and acknowledge the activities and assume the risk inherent in such activities of GPAA on behalf of the child and myself. In consideration of my child's participation in the activities, I hereby agree to indemnify, release and hold harmless GPAA, the GPAA Board of Directors, managers, coaches and agents, without regard to any and despite any negligence on their part, from and against any and all losses, damages, suits, liabilities, fines, penalties, compensation, demands, claims, judgments and expenses (including without limitation, court costs, attorneys fees, emergency medical care expenses or otherwise of any nature, kind or description caused to or by my child while participating in activities associated with GPAA. In the event that my child becomes ill or is injured while engaged in activities associated with GPAA and needs emergency care as reasonably determined by any adult acting in my absence, I authorize such emergency medical care to be sought and/or administered and I acknowledge any related emergency care expense shall be my responsibility. I agree to abide by the GPAA Rules. I consent and agree to allow pictures and/or video images of my child and family taken while present at GPAA activities to appear on the GPAA website.

Parent or Legal Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____