

2015 VAA Baseball/Softball/T-Ball Registration

Registration deadline: **MARCH 15th, 2015**
Register by mail to: SCVAA, PO BOX 44, STILLWATER, MN. 55082
Late registration fee: Extra \$20.00 (After March 15th)
See current registration fees at: www.scvaa.org
Late registrations may be placed on teams on a space-available basis

REFUNDS: A 25% service fee will be assessed on all refunds.
No refunds will be authorized after your April Coaches Meeting.
Refund forms and process can be found at: <http://www.scvaa.org>

CIRCLE ONE: VAA Baseball VAA Softball VAA T-Ball

NOTE: Grade is the current School Year (2014 -2015)

Child's Name: _____ Current Grade (2014-2015): _____
Birth date: _____ Age: _____ Sex: M F
Address _____ Email: _____
City: _____ Zip: _____ Phone: _____
Father's Name: _____ Phone: _____ Email: _____
Mother's Name: _____ Phone: _____ Email: _____
Emergency Contact: _____ Phone: _____ Email: _____

School Preference –(circle) **GRADES K through 6:** Afton/Lakeland, Andersen, Lake Elmo, Lily Lake, Mahtomedi, Marine, Mounds Park Academy, Oak Park, Rutherford, St. Croix Catholic, St. Croix Prep, Salem Lutheran, Stonebridge, Valley Crossing, Withrow, Other _____
(Choice **NOT** guaranteed)
GRADES 7+: Oakland Jr., Stillwater Jr., Stillwater Sr., Other _____

Volunteers Coach Name: _____ Phone _____ Email _____
Needed: Coach Name: _____ Phone _____ Email _____

I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the St. Croix Valley Athletic Association (SCVAA), its affiliated organizations and sponsors.



The SCVAA reserves the right to assign all players, approve all coaches, and limit the number of registrations/participants per team.

Recognizing the possibility of physical injury associated with this sport and in consideration for the SCVAA accepting the player for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the SCVAA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also understand that my child/children remain my responsibility while participating in, being transported to or from and anytime they are in the company of other players, parents, coaches and officials associated with SCVAA events. I hereby understand that the SCVAA is responsible only for the formation and scheduling of the activities and that the safety and well being of my child remains my responsibility

Parent /Guardian
Signature: _____

Date: _____