



BALDWIN Pony-Colt ASSOCIATION

REGISTRATION FORM SPRING 2010

**FOR USE BY
REGISTRAR ONLY**

Fee Paid:

cash/\$ _____

check# _____ \$ _____

LEAGUES:

- Pony (Ages 13-14) - **\$90** (includes complete uniform with pants)
- Colt (Ages 15-16) - **\$120** (includes complete uniform with pants)

Please add **\$20** if registering with other family member(s).

<hr/>	<hr/>	<u>AS AM AL AXL AXXL</u>
Applicant's Name	Date of Birth (mm/dd/yyyy)	Shirt Size (circle one)
<hr/>	<hr/>	<u>AS AM AL AXL AXXL</u>
Address		Pants Size (circle one)
<hr/>	<hr/>	
Phone	email Address	
<hr/>	<hr/>	
Will be entering Grade _____ at _____	School _____	Age on 5/1/08 _____
<hr/>	<hr/>	<hr/>
Father's Name	Home Phone	Work Phone
<hr/>	<hr/>	<hr/>
Mother's Name	Home Phone	Work Phone
<hr/>	<hr/>	<hr/>

PARENT/GUARDIAN AUTHORIZATION, RELEASE & AGREEMENT

I/We, the parent/guardian of the above named applicant, hereby give my/our approval for his/her participation in any/all regular activities of the current season. I/We assume all risk and hazard incidental to such participation, including transportation to/from the activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Association, its organizers, sponsors, supervisor, participants, and person transporting said applicant to/from activities from any claim arising out of injury to said applicant. The Association strongly recommends that participants be covered by medical/dental insurance. The Association will assume no responsibility for medical/dental costs incurred as a result of injuries sustained while participating in its activities beyond those covered by its SECONDARY insurance, which is very limited.

I/We further agree that the applicant and his/her whole family will abide by the Association's Code of Conduct (available at registration or upon request). Additionally, I/we agree to pay the established registration fees and cooperate in any fundraising activities the Association may find necessary, including working the concession stands if called upon to do so.

Signature of applicant's parent/guardian: _____ Date: _____

This form may be mailed, along with registration fee to:
 Bob Opferman (GBWAA Baseball Secretary), 1041 Augusta Way, Pittsburgh, PA 15236. Make checks payable to **GBWAA**.
 Form and payment may also be delivered to his house and placed in his mailbox.

This form is also available online at www.gbwa.org