



# Wilton Junior Athletic Association

## 2012 Baseball, Softball and T-Ball Registration

**IMPORTANT NOTE: Boys age\* 9 thru 12 register and evaluate with MCAA at [www.mcaa.us](http://www.mcaa.us), not WJAA.**

Boys and Girls	Age* 5, 6	\$40	<input type="checkbox"/>
Boys and Girls	Age* 7, 8	\$50	<input type="checkbox"/>

Boys: Age on April 30<sup>th</sup> 2012

Girls	Age* 9, 10, 11, 12	\$65	<input type="checkbox"/>
Boys	Age* 9, 10, 11, 12	<i>MCAA</i>	

Girls: Age on January 1<sup>st</sup> 2012

<b>SIGNUPS at FRES</b>	Sat 2/11 9AM to 12 NOON	Sat 2/18 9AM to 12 NOON
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<b>EVALS at WLC</b>	Sat, March 10 <sup>th</sup> times at <a href="http://www.wjaanh.org">www.wjaanh.org</a>	Evals for 7 to 12 only - wear sneakers, bring glove, NO bats.
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Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Shirt Size (circle) YS YM YL AS AM AL AXL

Primary Contact \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Secondary Contact \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Medical conditions (allergies, asthma, etc) \_\_\_\_\_

Person to notify in Emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Doctor to notify in Emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Liability Release:** I/We hereby give permission for my/our child's participation in any and all WJAA Baseball/Softball activities during the current season. I/We understand and agree that such activities pose the risk of injury to my/our child. I/We will assume, on my/our child's behalf, all risks and hazards incidental to such participation including the transportation to and from the activities. On behalf of my/our child, I/We hereby waive, release, absolve, indemnify, and agree to hold harmless the WJAA Baseball/Softball League Program, the organizers, coaches, umpires, sponsors, supervisors, participants, and any person transporting my/our child to or from activities, for any negligence on their part and for any other claim arising out of injury to my child, except to the extent payable by liability insurance.

**Medical Release:** In the event of my absence, I hereby authorize the WJAA Baseball/Softball League/Program to seek emergency medical treatment for my child in the event of injury or medical problem and consent to the transportation by ambulance.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment: \_\_\_\_\_

Questions? call 654-5816

Mail to:

**WJAA**

Cash / Check # \_\_\_\_\_

**NO FORMS ACCEPED AFTER 2/25/2012**

**PO Box 147**

Make checks payable to 'WJAA'

**Wilton NH, 03086**

I want to volunteer: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Referee \_\_\_\_\_ Other \_\_\_\_\_