



West Manheim Recreation Association

Registration Form

Baseball League



Player Information

First Name:		Last Name:		Birth Date:	
Address:				Gender: M F	
City:	State:	Zip:	Shirt Size: (Circle One) YS YM YL AS AM AL AXL AXXL		

Parent / Guardian Information

First Name:		Last Name:		
Home Phone #:	Work Phone #:	Cell Phone #:		
Email Address:				

Volunteer Options: (Circle)

Coach	Assistant Coach	Umpire	Field Work	Concession Stand
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Division: (Check One)

Fall Baseball 8-9	Fall Baseball 10-12	Fall Baseball 13-15
\$100	\$100	\$100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registration Fees (For WMRA Official Use Only)

Fee Description:	Quantity	Total Amount
Registration Fee	1	
<i>Multiple Child Discount (If Registering more than 2 children 1/2 off additional children)</i>		
Received:	Cash:	Check No.
		Total:

I hereby state that the information provided above is correct to the best of my knowledge. I agree to verify birth information by providing a legal birth certificate if needed by league officials. I also verify that I have reviewed and agree to abide by the code of conduct for myself, family, friends and my child. I affirm that I am aware that any violation of the Code of Conduct by myself, family, friends or my child will result in the ejection of this player from WMRA . I understand that all registration fees are non refundable.

I hereby and forever discharge the West Manheim Recreation Association and all its officers and members and all members of the Team Organizations and all Managers, Coaches, Umpires from any and all actions or suit in law and equity which I might hereafter have by reason of injuries, physical or mental, sustained by my child while participating in sports provided by the West Manheim Recreation Association.

Signature of Parent or Guardian: _____ **Date:** _____