# Entiat AAU Youth Baseball 2016

| Age Divisions (Circle One) | Registration Fees | ***Practices will begin beginning-middle of March. Games will start beginning of April. Season runs through beginning of June. |
|---|---|---|
| **T-Ball** 5-6 Years<br>**Rookie** 7-8 Years<br>**Minor** 9-10 Years<br>**Major** 11-12 Years | **1st Player** $45 ($35 for children with current AAU Card)<br>**Each Additional Player** $35 ($25 for children with current AAU Card)<br>*If this cost is a burden on your family, please contact us about our sponsorship program. | |

***Registration deadline is February 26th, 2016. Registrations will not be accepted after this date or without money attached. Mail form and money to address below or drop off in elementary office. If you choose to drop the form & money off at the office, PLEASE put it in an envelope or staple the money to the form.***

**Mailing Address: Entiat AAU, PO Box 601, Entiat, WA 98822**

***Programs such as these rely on a lot of volunteers!! If you would be able and willing to help out PLEASE LET US KNOW!! If you would like to coach or are interested in sponsoring, please email entiataau@yahoo.com or call Courtney at (509) 670-9213.***

**PARTICIPANT INFORMATION:**

**Last Name:** _____**First Name:** _____**D.O.B:** _____

**Age:** _____( on April 30th) **Gender: M F** **Grade:** _____

**Mailing Address:** _____**City:** _____

**Home Phone:** (_____) _____ **Work/Cell Phone:** (_____) _____

**Shirt Size:** ( circles one) **Youth:** Small Med Large **Adult:** Small Med Large XLarge

**Medical Release Form**

Participant: _____ has my permission to participate in the Entiat AAU Youth Baseball program. I the undersigned, parent/guardian, assume all risks and hazards incidental to participating in this activity and do hereby authorize the identified representative of the Entiat AAU program to obtain such medical diagnostic services as may be deemed necessary. **Emergency treatment of a life threatening condition is authorized.** Telephone contact for management of all serious conditions will be attempted if possible.

**Any medical problems: YES or NO** If YES please explain:

_____

_____

**Allergies: YES or NO** If YES please explain:

_____

_____

**Doctor:** _____**Phone:** _____

**Insurance Company:** _____ **Policy #:** _____

**Parent/Guardian Name:** _____

**Parent/Guardian Signature:** _____**Date:** _____

***Coaches will keep this document with them at all games and practices.***

**Entiat AAU contact information: Website: www.entiataau.com Email: entiataau@yahoo.com Phone: 509-670-9213 (Courtney Mitchell)**