LONDONDERRY ATHLETIC ASSOCIATION
2010 APPLICATION FOR SOFTBALL

LAA use only	Registration Date:	
U-8 Minors Juniors Seniors	Level:	Playing Age:
	Team Assignment:	Registration Amount:

Please complete all information below:

Girl's Age as of January 1, 2010:	Township: Londonderry
Team Played for last year:	

PLAYER'S NAME: _____
(LAST) (FIRST) (MI)

_____
Street Address City Zip Phone Number

BIRTHDATE: _____/_____/_____ E-Mail Address: _____

Player's Shirt Size: (Circle One)

Youth: S M L Adult: S M L XL

PLEASE READ AND SIGN BELOW YOUR APPROVAL FOR PLAYER PARTICIPATION:

I/We, the parents or guardians of the above named Player, hereby give the approval to participate in the Londonderry Athletic Association (LAA) T-Ball, Baseball, or Softball activities including transportation to and from activities.

LAA will provide secondary insurance for all players and coaches participating in the activities of the organization. Primary insurance is the responsibility of the PLAYER"S PARENT or GUARDIAN for any type of injury.

I will not hold the LAA responsible, its coaches, the Lower Dauphin Baseball Association or the Suburban Girl's Softball Association responsible for injury incurred while playing or traveling to and from games.

I also agree that the above will respect and care for equipment issued to him or her and that said equipment will be returned at the completion of the 2010 playing season in as good a condition as when received except for normal wear and tear.

LAA will provide equal opportunity to participate and, as such, takes affirmative action to ensure that participants are considered in compliance with applicable laws and regulations of nondiscrimination on the basis of race, color, religion, national origin, sex, age, or handicap.

LAA is your organization. Get behind it and support it. We will require some additional requests such as concession stand assistance. Please support LAA and any requests or support that the organization requests from volunteers. We need many volunteers to keep this organization running during the 2010 season.

PARENT (s) OR GUARDIAN NAME: (Please Print):_____

PARENT OR GUARDIAN SIGNATURE: _____

Please indicate any physical limitations (allergies, hearing, sight, etc.)_____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

_____
Name Address Phone Number

Relationship to Participant: _____

LAA SOFTBALL