

Please print legibly
and bring completed
form to registration.



EVERGREEN ATHLETIC ASSOCIATION

BASEBALL REGISTRATION FORM

Players Name: _____

Elementary Boundary: _____

Date of Birth: _____

Current School/Grade Level: _____

Address: _____

Parent's Names: _____

Home Phone: _____

Father's Email Address: _____

Mother's Email Address: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

If you do not live in the Evergreen District, you must be a qualified free agent or have a signed release from your home association prior to registration.

REGISTRATION FEE: \$_____ (DUE AT TIME OF REGISTRATION)

REGISTRATION FEES: NON-REFUNDABLE AFTER THE START OF 1st PRACTICE

Cash, Check, or Money Orders made payable to **Evergreen Athletic Association**. Your Association Fees pay for League Fees, Umpire Fees, Insurance, and certain equipment. **Your uniform is yours to keep.** _____ (initial here)

Each player will be responsible for the purchase of Baseball Bat, Cleats, and Gloves. Each team will have access to a "Team" Helmet, but it is strongly encouraged that your child provides their own.

PLEASE INDICATE THE APPROXIMATE SIZE UNIFORM YOUR CHILD WILL NEED:

UNIFORM # - First Choice: Second Choice: Third Choice:

Print Jersey Name – Last Name

	YOUTH	X-SMALL	SMALL	MEDIUM	LARGE	X-LARGE
Shirt						
	ADULT	SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE
Shirt						

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CONSENT: I/We the parents of _____ hereby give my/our approval for his/her participation in any and all activities of the athletic programs and associated events of the Evergreen Athletic Association. I/We assume all risks, and hazards incidental to such participation including transportation to and from activities, and I/we do hereby waive, release, absolve, agree and indemnify to hold harmless the EVERGREEN ATHLETIC ASSOCIATION and THE CHESTERFIELD BASEBALL CLUB. The organizers, sponsors, supervisors, participants, and persons transporting my/our youth to and from activities, for any claim arising out of an injury to my/our youth whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued in good condition, except for normal wear and tear. I/we will furnish a copy of the birth certificate for the above youth.

Parent/Legal Guardian: _____ Date: _____

WE NEED YOUR HELP!!!! WE NEED YOUR HELP!!!! WE NEED YOUR HELP!!!!

Evergreen Athletic Association provides quality recreational athletic opportunities for boys and girls ages 5 through 18. In order for our association to thrive, all members must serve in some volunteer capacity at least once a year. You will be called on to help with our many activities or events. Thank you for helping make Evergreen Athletic Association one of the best athletic associations in Chesterfield County.

Pledge Information (check one)

_____ I pledge to be available during the year for volunteer work in lieu of a monetary contribution.

_____ I am donating a monetary contribution in the amount of \$40 in lieu of volunteering my time during the year .*

PERMISSION FOR USE OF PHOTOGRAPH: Permission is granted to use my daughter's/son's picture in future advertisement and literature for Evergreen Athletic Association events sponsored and conducted by them.

Parent/Legal Guardian: _____ Date: _____

**Evergreen Athletic Association Inc. is a 501 (c) (3) charitable organization. As such, your charitable donations are tax deductible. Additionally, you may work for a company that will match your donation or offers community involvement grants which Evergreen may qualify for. Should you have any questions, please contact the EAA Treasurer whose contact information can be found on the website.*