



2021 Maywood Baseball

DIVISIONS

PRE T-Ball:	Pre-K	\$50.00
TEE-Ball:	Kindergarten	\$50.00
Rookies:	1 st and 2 nd Grade	\$50.00
Minors:	3 rd and 4 th Grade	\$100.00
Majors:	5 th and 6 th Grade	\$125.00
Big League:	7 th and 8 th Grade	\$125.00
Family Max:		\$190.00

Check payable to: MYAA

Send to: Judy Bendezu

162 Vista Terrace

Pompton Lakes, NJ 07442

To avoid \$100 late fee return by February 28, 2021

Player Name: _____ **Birth date:** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Age: _____ **Current Grade:** _____ **Gender:** _____

Home Phone: _____ **Cell Phone:** _____

Parent/Guardian #1: _____ **Email:** _____

Cell: _____

Parent/Guardian #2: _____ **Email:** _____

Cell: _____

UNIFORM:

Shirt Size: YS(6-8) YM(10-12) YL(14-16) YXL (16+) AS(18) AM(20) AL(22) AXL (24)

Pant Size: YS(23-24) YM(25-26) YL(27-28) YXL (28-30) AS(28-30) AM(32-34) AL(36-38) AXL (40-42)

Parent Volunteer: Coach Assistant Coach

My child is interested in travel Baseball: Yes No **Note: Out of town kids are permitted based on availability**

Emergency Treatment Authorization

Family physician: _____ **Phone** _____

Please list any allergies/ Medical problems (i.e. Diabetic, Asthma, seizure, bee sting)

In case of an emergency, if family physician cannot be reached, I hereby authorize my child to be treated by certified emergency personnel, i.e. EMT, First Responder, and E.R Physician.

Waiver of Liability and Disclaimer:

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involve risk of physical injury. I further acknowledge that parents, who volunteer their time, rather than paid professionals, primarily administer this program. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individuals in this program, I hereby release, discharge, and hold harmless the volunteers and other representatives from any and all claims, demands, liabilities, and causes of action arising out of or relating to any injury that may result to said individual while participating in this program.

Parent/Guardian Signature _____ Date _____