**PROVIDENCE ATHLETIC ASSOCIATION, INC.**

**Please fill out form, print and bring to registration.**



**Membership Form**

All parents/guardian of a child/children participating in PAA programs are eligible for membership. All memberships to PAA are “**Family Memberships**” and shall run from time payment is received to December 31st, of that same year. Each membership will have the right to a vote at association meetings. Membership eligibility is contingent on proper payment of annual membership fees, individual sport participation fees, and lack of outstanding debt (either monetary or material) to PAA.

The yearly fee for PAA will be $20.00 per family. This fee will be collected at all sign-ups for each sport. If you have already paid your fee for the year, you will need to bring proper documentation showing proof. This fee is mandatory for all families that have a child, or children, who participate in PAA programs and only needs to be paid once, annually.

PAA is an all volunteer organization that operates solely with parent volunteers. Without our volunteers, PAA would cease to exist. Therefore it is mandatory that all members participate in any manner necessary to ensure a successful association for all of its members.

I agree to the terms and conditions of the Providence Athletic Association Membership Fee.

**Photography Consent:** As the parent/guardian of a child participating in an activity with PAA, I understand that my child(ren) may be photographed to promote the PAA and these pictures may be shared in print or on the internet.

  *Parent/Guardian Initial*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Player’s Name:** |  |  | **Birth Date**: |  |  |
| **Address with Zip**: |  |  | **Home #**: |  |  |
|  |  |  | **Cell #**: |  |  |
| **Elem School Boundary:** |  |  | **Grade**: |  |  |
| **Parent/Guardian 1**: |  |  | **Email Address**: |  |  |
| **Parent/Guardian 2**: |  |  | **Email Address:** |  |  |

Parent/Guardian Signature: Date:

PAA Representative Signature: Date:

PAA Representative Printed Name:

PAYMENT REGISTRATION FEE: CHECK #: CASH REC’D:

**For more information please visit:** [**PAASports.com**](http://www.paasports.com/default.aspx)