

Saint Mary of the Assumption
Athletic Association
2017 Baseball Registration Form
Mail or drop off to Parish Office:
7200 Lancaster Pike
Hockessin, DE 19707

Please print, sign, attach checks and bring to registration.

Participant Name _____ Birth Date _____

Address _____

School _____ Grade _____

Parents Names _____ Phone # _____

E-Mail Address _____

Medical Restrictions _____

Parishioner Status

Saint Mary Parishioner _____

Non-Parishioner _____

Fees:

Registration: 7th – 8th Grade Boys.....\$120.00

Uniform Deposit. \$100.00...Please post-date 7/1/17

Experience:

CYM _____

Piedmont _____

Travel _____

- I give my consent for the above named player to participate in the CYM athletic activity indicated. I authorize the parish to obtain any emergency medical care that may become reasonably necessary for the participant in the course of such athletic activity. I understand that there are certain risks in playing competitive athletics. I do not hold the parish, anyone acting on its behalf, the CYM of the Diocese of Wilmington and its administrators, directors and staff responsible for any injury to the participant. I also agree not to hold Red Clay Consolidated School District or anyone acting on its behalf responsible for any injury to the participant.
- I certify that the above information is correct and that I have not violated any of the eligibility rules of the CYM of the Diocese of Wilmington.
- I agree that if my child fails to return the complete uniform in good condition I will forfeit my deposit.
- I understand it is my responsibility to sign up for and carry out my volunteer responsibilities so that my volunteer fee is refunded.

Signature of Participant _____ Date _____

Signature of Parent _____ Date _____