



2020 NPMYAC RAIDERS BASEBALL & SOFTBALL REGISTRATION



PARENT'S NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

PHONE: _____ CELL: _____

E-MAIL (Please print clearly): _____

PLAYER INFORMATION:

NAME	DOB	Division	Fee
1 ST PLAYER _____	_____	_____	_____
2 ND PLAYER _____	_____	_____	_____
3 RD PLAYER _____	_____	_____	_____
4 TH PLAYER _____	_____	_____	_____

Jersey Size	Jersey # 1 st choice	Jersey # 2 nd choice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NPMYAC IS A NON-PROFIT ORGANIZATION, OPERATING SOLELY ON THE HARD WORK OF ITS VOLUNTEERS. NO VOLUNTEER PROGRAM CAN SUCCEED WITHOUT PARENTAL ASSISTANCE. I WOULD LIKE TO HELP NPMYAC BY:

MANAGER
 COACH
 CONCESSION
 FIELD MAINT.
 SPONSOR

NOTES / REQUESTS: _____

MEDICAL CONDITIONS: _____

I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/ We have listed all of my child's medical conditions and/or concerns.

PARENT/GUARDIAN: _____ SIGNATURE: _____

OFFICIAL USE ONLY:

REGISTRATION FEE: \$ _____	CHECK #: _____ CASH: _____
RAFFLE: _____ \$50.00 _____	SHIRT SIZE: _____
FAMILY DISCOUNT: _____	BIRTH CERTIFICATE: YES / NO
2 ND -\$20 off, 3 RD /4 TH \$30 off Max \$300	DATE: _____
TOTAL PAID: \$ _____	SCHOOL: _____

