

**CHRISTIAN ATHLETIC ASSOCIATION**  
**2012 Baseball/T-Ball & CAA 15&Up Slow-Pitch Church League Softball Registration Form**  
**Registration begins January 10th 2012**  
**2001A Frederick Road, Catonsville, MD 21228**  
**www.caayouthsports.org**

Please check the following if it applies: New to CAA  Added a new player  Change of Address   
**\*Please note:** Only fill out this form if you are registering to participate on a CAA Baseball or T-Ball team (ages 5-12), or the 15+ Slow-Pitch Softball CAA Team. If you are registering to play on a specific slow-pitch church team, please contact your church..

<u>Player(s) Last Name</u>	<u>First Name</u>	<u>Birth Date</u>	<u>M/F</u>	<u>Age At May 1, 2012</u>	<u>BB,TBall,or SB</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Dad's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ / \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mom's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ / \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact (Other than parent): \_\_\_\_\_ Phone #: \_\_\_\_\_

Family E-Mail Address: \_\_\_\_\_ Family Cell Phone: \_\_\_\_\_

*Please print email clearly.*

**REQUIRED FOR FUTURE REGISTRATION INFORMATION**

I hereby give permission for my child/children to participate in Christian Athletic Association. I accept full responsibility for any equipment and/or uniform(s) required for the season and the return of that equipment and uniform. I understand that an additional fee will be charged for a uniform not returned within 2 weeks after the final game. Player will not be allowed to participate in any CAA activity until uniform is returned and fee is paid or replacement fee for uniform is rendered.

I also understand and agree to participate in this season's fundraiser by selling the products or by paying \$20 for first player with a maximum of \$40 family fee.

No registration refunds after February 28th. Prior to 2/28 there will be a \$10. service fee deduction from the refund.

I will not hold CAA or facility of participation responsible for injuries acquired due to the nature of the sport.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**Must Be Signed by Parent/Legal Guardian** (or Individual if 18&Up)

Parents: Your help in making this program successful is needed and greatly appreciated. Please check area(s) you would be willing to volunteer your service. Thank you!

MANAGER/HEAD COACH: \_\_\_\_\_  
Insert Age Group(s) Requested

ASSISTANT COACH: \_\_\_\_\_

TEAM PARENT: \_\_\_\_\_

UMPIRE/REFEREE: (Experienced) : \_\_\_\_\_ (In Training, 12 &Up) \_\_\_\_\_

CLOSING DAY CARNIVAL VOLUNTEER: \_\_\_\_\_ (Earn community service hours for school)

4TH OF JULY CATONSVILLE PARADE FLOAT: \_\_\_\_\_ (Interested in being in the parade)

INTEREST IN SPONSORING A TEAM: \_\_\_\_\_

**OFFICE USE ONLY**

AUTH. SIGNATURE ONLY \_\_\_\_\_ REG. PAID \$ \_\_\_\_\_ FUNDRAISER FEE PAID \$ \_\_\_\_\_ LATE FEE AFTER 2/28/11 \_\_\_\_\_