

CHRISTIAN ATHLETIC ASSOCIATION
2012 CAA 15 & Up SLOWPITCH SOFTBALL REGISTRATION/LIABILITY FAMILY FORM
 2001A Frederick Road, Catonsville, MD 21228
 www.caayouthsports.org

<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>
_____	_____	_____	___	_____
_____	_____	_____	___	_____
_____	_____	_____	___	_____
_____	_____	_____	___	_____

Address: _____ City: _____ State: _____ Zip: _____
 Church Team: _____ Home Phone #: _____

To Complete if Any Player is Under 18 (Minor):	
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: _____

I hereby give permission for my child/children to participate in Christian Athletic Association. I will not hold CAA or facility of participation responsible for injuries acquired due to the nature of the sport.

PARENT/GUARDIAN/PLAYER SIGNATURE: _____
Must Be Signed by Parent/Legal Guardian/Player

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