GUILFORD ATHLETIC ASSOCIATION
2025 BASEBALL/SOFTBALL REGISTRATION
(local league use only – please print)

League Name: Chambersburg Suburban Sex (circle one): M or F

Player's Name: _____ Birth Date: _____ Age (today): _____

Address: _____

City: _____State: _____ Zip: _____ Home Phone: _____

Father's name: _____ Cell: _____ email: _____

Mother's name: _____ Cell: _____ email: _____

Did this child participate in a different Chambersburg Suburban Community last year (**not** Guilford)?

Yes _____ No _____ If "yes" please indicate which Community: _____

Participation in baseball/softball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? Yes _____ No _____

If "yes" please explain and identify any modification that would enable your child to participate

_____

Guilford Athletics Association does not limit participation in its activities based on any disability.

Please provide information about allergies or medical conditions that the team should have in case of emergency:

_____

$1 of your registration cost is used to provide you and your family membership into the Guilford Athletic Association. With this membership you are eligible to come to any open board meetings and it entitles you to one vote per family.

GAA **will** provide game shirts and hats/headbands. GAA will **NOT** be providing Game **PANTS** or **SHORTS**.

I, parent/guardian of the above-named player, hereby give approval for participation in any baseball or softball league activities sponsored by Guilford Athletic Association. I hereby grant permission to managing personnel or other league representatives to authorize or obtain medical care from any licensed physician, hospital, medical clinic, or EMT personnel should the player become ill or injured while participating in league activities when neither parent or guardian is available to grant authorization for emergency treatment. I know that participation in baseball and softball may result in serious injuries, and protective equipment cannot prevent all injuries to players. I therefore assume all risks and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify, and agree to hold harmless Guilford Athletic Association, Suburban League (or any other league associated with these activities), the organizers, sponsors, supervisors, participants, and persons transporting the player to and from the activities, for any claim arising out of an injury to the player. I also acknowledge that the risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist, and it is impossible to eliminate the risk that I, or my player, could become infected through contact with or close proximity to an individual with a communicable disease. I further agree to furnish a birth certificate for the player to league officials, and to return any equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities. Failure to return equipment to the league will result in GAA issuing an invoice for full replacement cost of the equipment.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for our participation.

Signature of Parent/Guardian: _____ Print _____ Date: _____

OFFICIAL USE:

Birth Certificate		**Shirt Size**	**Fundraiser**	**Reg. FEE**	**$65**	**$95**
NEED	HAVE	YOUTH S M L	SUB/SAND or DONATION	CASH _____	CHECK # _____	
		ADULT S M L XL	(20) ($75)			