



STMA Youth Baseball Registration Form

Player Name _____ Male Female

e-mail _____

Prefer to receive newsletter by e-mail

Address _____

City & Zip _____

Phone (H) _____

Date of Birth _____

Current Grade _____

Age on 4/30/2010 _____

Guardian Information:

Guardian 1 _____

Address _____

City & Zip _____

Phone (H) _____ (W) _____ (C) _____

e-mail _____

Interested in Coaching

Guardian 2 _____

Address _____

City & Zip _____

Phone (H) _____ (W) _____ (C) _____

e-mail _____

Interested in Coaching

Emergency Contact _____

Phone # _____

I, as parent or legal guardian of _____ (the Participant) understand that participation in the STMA Youth Baseball Association (the Association) involves risk of injury. I understand that these injuries may be the result of the actions, inaction's or negligence of the Participant or others. I agree that the Participant is responsible for his/her actions while participating in Association activities. I also understand that the Association does not carry medical insurance and that I will have to provide my own insurance for the Participant. Aware of the risks and willing to assume them, I hereby waive, release and hold harmless the Association, its officers, directors, employees, agents, coaches and associated individuals and entities, including, but not limited to, the cities of St. Michael and Albertville, School District 885, team sponsors, owner of private or corporate properties used by the Association, from any injuries incurred during scheduled play or practice on a team in the Association. I intend for this waiver and release to also apply to any relative, personal representative, heirs or assigns who might pursue any legal action on the Participant's behalf.

STMA Youth Baseball obtains information from the Bureau of Criminal Apprehension on potential coaches to help ensure the safety of all of our children. Parents must understand that obtaining a background check on coaches may not ensure a child's safety and STMA Youth Baseball is not responsible for the actions of any such individual. It is ultimately the parents' responsibility to protect their child and report any concerns they may have to STMA Youth Baseball and the appropriate authorities.

Every attempt will be made to obtain a background check on a potential coach the first year they coach and checks may be performed annually on any coach. Returned BCA checks are reviewed for felony convictions, recent DUI's and crimes against children.

Signature _____ Date _____

Office Use: Paid: _____ Paid Date: _____ Check # _____ Cash _____ BC _____

STMA Youth Baseball PO Box 217 Albertville, MN 55301 Voicemail: 651-458-7294 www.stmayouthbaseball.org

Select Division	
<input type="checkbox"/> \$70	Minors (5 & 6 years old)
<input type="checkbox"/> \$70	Majors (7 & 8 years old)
<input type="checkbox"/> \$95	Willie Mays (9 & 10 years old)
<input type="checkbox"/> \$110	PeeWee Reese (11 & 12 years old)
<input type="checkbox"/> \$120	Sandy Koufax (13 & 14 years old)
<input type="checkbox"/> \$130	Mickey Mantle (15 & 16 years old)
<input type="checkbox"/> \$130	Connie Mack (17 & 18 years old)
<input type="checkbox"/> <i>Playing up an age level</i>	
Traveling Tryout Fee	
<input type="checkbox"/> \$20 Non-refundable fee	
IMPORTANT NOTE: Trying out for a traveling team does not guarantee a spot on the traveling team. The players that do not make a traveling team will be placed on an in-house team	
Select Pant Size	
-- ONLY Willie Mays Level and above --	
<input type="checkbox"/> Youth Small	<input type="checkbox"/> Adult Small
<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Large
	<input type="checkbox"/> Adult X-Large
	<input type="checkbox"/> Adult XX-Large