



For boys and girls
ages 4 to 14

REGISTRATION 2012, P.O. Box 551, Arvada, Colorado 80001 www.arvadajuniorbaseball.com

Players Information

First Name: _____ Middle Initial: _____ Last Name: _____ Home Phone: _____
School currently attending: _____ Date of Birth _____ Birth Certificate on File with AJBC? Yes or No
(If no a copy of a State Issued Live Birth Certificate must be provided and attached to registration)

Parent/Guardian Information

Mother's Name: _____ Phone: _____ Father's Name: _____ Phone: _____
Account Address: _____ City: _____ Zip: _____
1st Email: _____ 2nd Email: _____

Options- Playing age for all players 4-14 is the age they will be as of April 30th, 2012

AGE GROUP	TYPE BASEBALL	APPROX # GAMES	REG SEASON	FEES
INSTRUCTIONAL PROGRAM:				
4 yr olds	Mini Tee Ball	5-6	05/01-06/30/2012	\$45.00
5 yr olds	Tee Ball	5-6	05/01-06/30/2012	\$65.00
6-8 yr olds	Machine Pitch Minors (Beginner)	6-8	05/01-06/30/2012	\$100.00
6-8 yr olds	Machine Pitch Majors (Intermediate)	6-8	05/01-06/30/2012	\$125.00
8 Year Olds wishing to Play "Kid Pitch" must attend 9 Year Old Try-Outs				
REGULAR BASEBALL:				
Ages 9-14	All Levels	8-12	04/01 to 6/30/2012	\$210.00
Age 9 -14	Tournament Team Only (Must already be on a Qualified Roster)			Team Pricing Contact Coach

Background Information

1) Did your child play for AJBC last year? Yes ___ No ___ Coach's name _____
2) If answer to question 1 is no, what is the level of your child's experience? Years ___ Level ___ Organization _____
3) Does your child wish to remain on the same team? Yes ___ No ___ New Team _____
4) Is your address different than last year? Yes ___ No ___
5) Is there another child on whose team you wish to be placed with if possible? Yes ___ No ___
If yes, please list the child's name (must be same age group) _____

Multiple Player Discount

Families who register more than one player in the same AJBC season will receive a discount in registration fees of \$10.00 for each additional player registered in age group four through eight and \$25.00 for each additional player registered in age group nine through fourteen. **Registrations must be turned in at the same time in order to receive discount. Discount cannot be combined with any other coupons, discounts, or offers.**

Release and Authorization

I, parent or guardian of the above named candidate for a position on an Arvada Junior Baseball Team; hereby gives approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, the player to and from activities for any claim arising out of an injury to the player. I also grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in any league activities away from home, or at all other times when neither parent or guardian is available to grant authorization for emergency treatment. I fully understand that AJBC IS NOT providing any accident or health insurance coverage for my child while participating in the AJBC program. I fully understand that it is my responsibility to provide coverage for my child. I FURTHER RELEASE the AJBC, its officers, directors, coaches and other volunteer workers from any liability due to injuries or illness of any type which may be sustained by my child while participating the AJBC program. **I fully understand that there will be NO REFUNDS after the player is placed on a team. This policy is strictly enforced!** I understand and agree that I will be responsible for attorney fees and costs associated with any legal action to collect baseball fees. **All participants are required to have a parent and/or guardian volunteer with AJBC for a minimum of 2 hours through the season in which you are registering if needed.**
Parent/Guardian Signature: _____ Date: _____

Credit Card Payment (A 5% Service Charge will be added to all Credit Card Transactions)

Credit Card Number: _____ Card Type: Visa Master Card (Circle One)
Name as shown on card: _____ Expiration Date: _____
Cardholder Signature: _____ Zip Code for Card _____ Security Code: _____

AJBC Use ONLY

Rec'd By _____ Date: _____ Check# _____ Amount: _____ Birth Certificate: _____
Players Age: _____ Type of Ball: AA AAA Tournament Team Name: _____