

**ABSECON SOCIAL AND ATHLETIC CLUB
BASEBALL/SOFTBALL SIGN UP FORM 2012**

CHILD'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE of BIRTH: _____ CURRENT GRADE: _____

PARENTS/GUARDIANS: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT (other than parent):

NAME/PHONE#: _____

RELATIONSHIP TO CHILD: _____

ASAC is a volunteer organization; as such ASAC needs and expects your support to conduct programs for YOUR children and keep fees low. Please participate.

If interested please circle:

COACH / ASSISTANT COACH

Note: All coaches and assistant coaches must be ASAC members in good standing and carry current certification.

RELEASE/ACKNOWLEDGEMENT

I _____, AM THE PARENT OR LEGAL GUARDIAN OF _____, A MINOR CHILD, WHO HAS BEEN REGISTERED FOR AN ABSECON SOCIAL AND ATHLETIC CLUB (ASAC) RECREATIONAL SPORTS PROGRAM. I CONSENT THAT THIS CHILD MAY PARTICIPATE IN THIS SPORTS ACTIVITY IN WHICH THERE MAY BE INJURY AS A NORMAL CONSEQUENCE OF PARTICIPATION AND FURTHER CONSENT THAT WHILE THE CHILD IS PARTICIPATING IN THIS ACTIVITY, THAT ASAC VOLUNTEER COACHES AND OFFICIALS HAVE SUPERVISION OF THIS CHILD.

I REPRESENT TO ASAC THAT THE CHILD IS PHYSICALLY QUALIFIED FOR THE ACTIVITY AND TO THE BEST OF MY KNOWLEDGE THE CHILD HAS NO MEDICAL CONDITION THAT WOULD PREVENT NORMAL PARTICIPATION IN THIS SPORT. IN THE EVENT OF INJURY, I CONSENT THAT VOLUNTEER COACHES OR OFFICIALS OF ASAC MAY ADMINISTER FIRST AID AND ORDER MEDICAL ASSISTANCE AS MAY BE AVAILABLE. IF I AM PRESENT AT THE TIME OF INJURY, I WILL GIVE FURTHER CONSENT OR ASSUME CONTROL OF THE CHILD'S MEDICAL TREATMENT. I AGREE TO HOLD ASAC HARMLESS AS TO ANY CLAIM I MAY MAKE, EXCEPT THOSE ALLOWED AND PERMITTED BY LAW.

I AGREE TO INSTRUCT THE CHILD TO PARTICIPATE ACCORDING TO THE PROGRAM'S RULES AS ARE SET OUT BY THE ORGANIZATION. I AGREE TO ASSIST ASAC, A VOLUNTEER ORGANIZATION, IN CARRYING OUT THE OBJECTIVES OF THE PROGRAM. I AGREE AND CONSENT AS A PARENT, COACH, OR SPECTATOR I WILL ABIDE BY THE ASAC CODE OF CONDUCT AND SET AN EXAMPLE OF GOOD SPORTSMANSHIP AT ALL TIMES. I UNDERSTAND THAT ANY PARENT, COACH, OR SPECTATOR WHO IS ABUSIVE, USES FOUL LANGUAGE OR GESTURES, OPENLY ARGUES WITH AN UMPIRE OR DISPLAYS DISRUPTIVE OR UNSPORTSMAN - LIKE BEHAVIOR WILL BE ASKED TO LEAVE THE COMPLEX BY THE UMPIRE, REFEREE, OR HEAD COACH. ALL INSTANCES OF DISRUPTION WILL BE FORWARDED TO THE ASAC DISCIPLINARY COMMITTEE FOR REVIEW AND POSSIBLE FURTHER ACTION, UP TO AND INCLUDING BEING BANNED FROM PARTICIPATING IN FUTURE ASAC EVENTS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Per NJ State Law, if your child wears eyeglasses, protective eyewear must be worn on the field at all times.

ASAC IS A VOLUNTEER ORGANIZATION. TREAT ALL VOLUNTEERS AS YOU WOULD WANT TO BE TREATED...WITH RESPECT.

Form can also be mailed to: ASAC, PO Box 26, Absecon NJ 08201

CIRCLE APPROPRIATE LEVEL

SEPARATE FORM PER CHILD REQUIRED

Co-Ed:

Weeball (Attending Kindergarten 9/2012) \$25.00
Teeball (Currently in Kindergarten) \$25.00

Girls (by age on Jan 1, 2012):

Girls Rookie (U8) 1st grade or age 7,8 \$45.00
Girls JuniorA U10 \$50.00
Girls JuniorB U12 \$50.00
Girls Senior U14 \$50.00

Boys (by age on Apr 30, 2012):

Boys Rookie (U8) 1st grade or age 7,8 \$45.00
Boys American U10 \$50.00
Boys National U12 \$50.00
Boys Prep 13 \$75.00
Boys Babe Ruth 14, 15 \$75.00

NOTE: A \$20 LATE FEE will be assessed to all applications for U8 and above if received/postmarked after **Sun 3/11/2012**.

FAMILY MAXIMUM NOT TO EXCEED \$125.00
(Family Max does not apply to LATE FEE.)

AMOUNT PAID: _____

CASH (circle) or CHECK # _____

IN CASE OF HARDSHIP, PLEASE CALL
JODI 272-9735, CONFIDENTIALITY IS ASSURED.

HARDSHIPS ARE BE FUNDED BY THE GENEROSITY
OF THE DAVID V. BONEY MEMORIAL FUND.

B / G