

Registrations due February 22 - Last Chance Walk-In Feb. 22 5:30-7:30pm

PLAYER'S NAME: _____

ADDRESS: _____ City/Town: _____ Zip _____

DATE OF BIRTH: _____ AGE _____ M _____ F _____ Years of Experience: _____

PARENT/GUARDIAN NAME: _____

PHONE: WORK _____ HOME _____ CELL _____

EMAIL ADDRESS: _____ (Team related info will be sent via e-mail)

_____ T-BALL Ages 4,5,6 (Must be 4 by 11/30/09)

_____ T-SHIRT Ages 7&8 (Must be 7 by 5/1/10)

_____ LITTLE LEAGUE MINORS Ages 9&10 (Must be 9 by 5/1/10)

_____ LITTLE LEAGUE MAJORS Ages 11&12 (Must be 11 by 5/1/10)

***Exceptions to registrations MAY be made by grade level. Mark here to request a review.** _____

*Players may move up a level based on skill. They may NEVER move down a level.

UNIFORM ORDER:

SHIRT SIZE:

Youth _____ Small (5-6) _____ M (7-8) _____ L(10-12) _____ X-Large (14-16)

Adult _____ S (34-36) _____ M (38-40) _____ L (42-44) _____ X-Large

PANT SIZE: (waist)

Youth _____ S (21-22) _____ M (23-24) _____ L(25-26) _____ (27-28) X-Large

Adult _____ S(28-30) _____ M (32-34) _____ L(36-38) _____ (40-42) X-Large

HAT SIZE: (circle) YOUTH or ADULT

FEES FOR PROGRAM: Discounts are given to Gillam-Grant Community Center Members. If you would like membership information, call the Center.

T-BALL \$46 MEMBER / \$53 NON-MEMBER

T-SHIRT / LITTLE LEAGUE \$56 MEMBER / \$63 NON-MEMBER

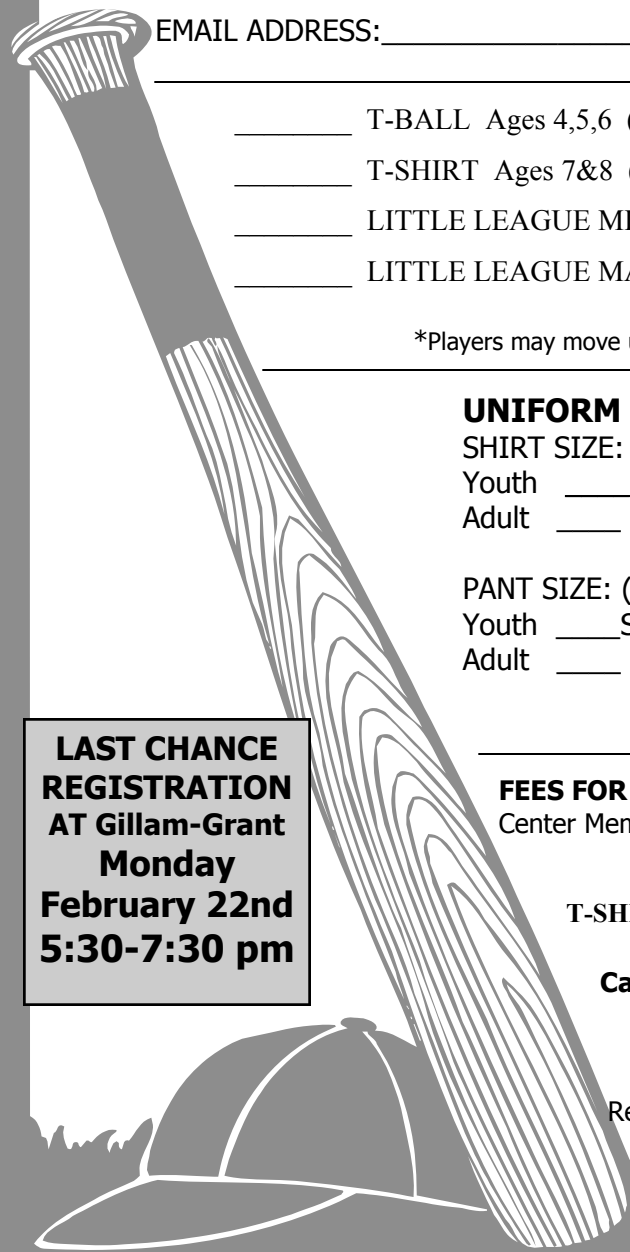
Cash, check, Visa, & MasterCard Accepted.

**MAKE CHECKS PAYABLE TO:
GILLAM-GRANT COMMUNITY CENTER**

**COMPLETE
REVERSE SIDE!!** →

Registration with payment can be mailed or dropped off at
GGCC, 6966 West Bergen Rd., Bergen, NY 14416

**LAST CHANCE
REGISTRATION
AT Gillam-Grant
Monday
February 22nd
5:30-7:30 pm**



PARENTAL/ GUARDIAN CONSENT FORM

Health Insurance Co. Name _____ Policy No. _____

Person to notify in case of emergency: #1 _____ Phone _____ / _____

Person to notify in case of emergency: #2 _____ Phone _____ / _____

Doctor to notify in case of emergency: _____ Phone _____ / _____

ATTACH COPY OF BIRTH CERTIFICATE FOR ALL PLAYERS.

The player named on the reverse side of this form has permission to participate in the activities of the Gillam-Grant Youth Baseball Program (GGCC). Although the activities of GGCC will be supervised, in general, by adults, it is agreed and understood that neither GGCC nor any individuals associated therewith will suffer any liability for injuries or damages sustained by myself or the named player arising out of such activities sponsored by GGCC; and, the undersigned shall keep, save, and hold harmless GGCC, and such individuals supervising, aiding and otherwise associated with GGCC's activities from all damages and liabilities for anything, including but not limited to personal injuries, and everything whatever, whether or not caused by fault or negligence, arising from, or out of, such players' participating in games, practices, and other activities of GGCC youth baseball program.

Fees are due at the time of registration. A \$40.00 return check fee applies. Registration fees will only be reimbursed to those with a physician's medical excuse prior to the ordering of uniforms. Should a division not have enough registrants, fees will be refunded.

One-on-one assistance is not provided in the GGCC youth recreation leagues. All registrants must be able to participate independently. GGCC reserves the right to evaluate player's performance and **behavior**. GGCC reserves the right to remove players from league participation in the interest of safety for all participants.

Parent or Guardian Signature (REQUIRED) **X** _____ Date _____

CONSENT FOR MEDICAL TREATMENT As the parent or legal guardian of the player named on the reverse side of this form, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent or Guardian Signature (OPTIONAL) _____ Date _____

PHYSICAL WAVER I certify that the player named on the reverse side of this form, has had a physical examination in the last 12 months and is physically fit to compete in all activities related to the sport of soccer.

Parent or Guardian Signature (REQUIRED) **X** _____ Date _____

What You Should Know.... Coaches will notify you of first practice DATES!

- ⦿ **Teams meet on Tuesdays and Thursdays.**
- ⦿ **Games start in May. Coaches will hand out game schedules.**
- ⦿ **Any Players registered after February 22nd will be placed on a waiting list.**
- ⦿ **Teams are normally limited to 12 players per team. T-Ball is limited to 10 players.**

**Sponsors
Needed**

If you or your company are interested in sponsoring a team this year for soccer, baseball, or softball programs, contact the office at Gillam-Grant. Your organization's name will be placed on the teams' uniforms. Sponsorship is \$150.00.