



# Summer Sandlot League Baseball & Softball 2009 Registration Form

Adirondack Sports Complex  
326 Sherman Ave.  
Queensbury, NY 12804  
518-743-1086, 518-743-1247 fax  
www.adirondacksportscomplex.com

**REGISTRATION DEADLINE: June 22**  
(Late registrations will be wait listed and subject to a \$20 late fee)

**Participant Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Please check:  Male  Female

**Please check appropriate division:**

<b>Age:</b>	5 - 6	7 - 8	9 - 10	11 - 12
<b>Reg. Fee:</b>	\$55	\$65	\$65	\$65
<b>Years Exp:</b>	____yr(s)	____yr(s)	____yr(s)	____yr(s)
<b>Baseball:</b>	<input type="checkbox"/> T-Ball (Co-Ed)	<input type="checkbox"/> Bantam	<input type="checkbox"/> Minors	<input type="checkbox"/> Majors
<b>Softball:</b>		<input type="checkbox"/> Bantam	<input type="checkbox"/> Minors	<input type="checkbox"/> Majors

**Please check T-shirt size:**

Youth:  S (6-8)  
 M (10-12)  
 L (12-14)  
 Adult:  Small  
 Medium  
 Large

**Volunteer Sign-Up:**

Mother:  Head Coach  
 Asst. Coach  
 Umpire  
 Father:  Head Coach  
 Asst. Coach  
 Umpire

**Parent/Guardian Information:**

**Mother** First Name \_\_\_\_\_ **Mother** Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email-Home \_\_\_\_\_ Email-Work \_\_\_\_\_

**Father** First Name \_\_\_\_\_ **Father** Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email-Home \_\_\_\_\_ Email-Work \_\_\_\_\_

**If the league, do to numbers or team balance, needs to move your child up an age level, would you agree to this change?**  
 Yes  No

**Would you and/or your child be interested in being a pool player?**  Yes  No  
(Pool Player: player that plays on a regular team and is placed on a list given to the coaches of the same division. This gives the coach(s) players to call only if his/her team is short on players. As a pool player, he/she wears his/her normal uniform to play for another team.)

I agree to remit the payment-in-full of the registration fee, and any additional amounts due, prior to the start of my first game or session. 50% of the payment-in-full will be forfeited if I am unable to provide the Adirondack Sports Complex with completed Official Waiver and Registration forms or if I withdraw fro the session, program or clinic. The remainder of the fee will be held as credit.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Payment only  
 # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_ Total \$ \_\_\_\_\_

For ADKSC use only. Waiver on file? \_\_\_\_\_  
 Payment \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Method: cash check # \_\_\_\_\_ credit (type) \_\_\_\_\_ Late Fee \_\_\_\_\_  
 Balance Due \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Method: cash check # \_\_\_\_\_ credit (type) \_\_\_\_\_