



Summer Sandlot League Baseball & Softball 2011 Registration Form

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

REGISTRATION DEADLINE: July 1st

Participant Information:

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

Please check appropriate division:

Age:	5 - 6	7 - 8	9 - 10	11 - 12
Reg. Fee:	\$55	\$65	\$65	\$65
Years Exp:	____yr(s)	____yr(s)	____yr(s)	____yr(s)
Baseball:	<input type="checkbox"/> T-Ball (Co-Ed)	<input type="checkbox"/> Bantam	<input type="checkbox"/> Minors	<input type="checkbox"/> Majors
Softball:		<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) _____
 Balance Due \$ _____ Date ____/____/____ Method: cash check # _____ credit (type) _____ Entered in TCMS _____