



**OFFICIAL REGISTRATION FORM –**

Player’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Age & Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (confirmation sent via email): \_\_\_\_\_

\*NAME OF PROGRAM \_\_\_\_\_

Amount enclosed for program \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**A separate “Waiver of Liability and Hold Harmless Agreement”: (Must be signed by Parent or Guardian) I agree, acknowledge and understand the nature of baseball and softball activities (aia activities), and my child is of good health and physical condition to participate in such activities. I fully accept and assume all possible risks and all responsibilities for losses, costs, and damages that may incur as a result of my child’s participation in these activities. I hereby waive and release for myself, my child, their heirs, executors, and administrators, any claim we may have for damages against Armstrong Indoor Athletics LLC (AIA) and or AIA’s Members, the property/facility owners, coaches and coaches and/or instructors that resulted in my child’s participation in the activity. I also agree to pay for any damages to the facility and/or equipment that is found to a direct or indirect result of child’s actions. By signing this Official Registration Form, I also hereby agree to abide by ALL Facility rules that are currently in place or will be added in the future. Failure to comply with the rules will result in expulsion from the facility. NO MONEY REFUNDS!**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment Options:**

Cash Amount: \_\_\_\_\_

Check (made payable to AIA, LLC) Check No. \_\_\_\_\_

Please mail completed registration and payment to: **Armstrong Indoor Athletics LLC 138 South Grant Avenue, Kittanning Pa 16201**

Phone: 724-793-7529

Email: patfabian@aia.team