

Congregation Ahavas Yisroel of Kew Gardens Hills

Focused on Torah, Tefillah, Gemilus Chasadim and Eretz Yisroel

Rabbi Herschel Welcher - Marah D'Asrah

2009 Ahavas Yisroel Little League Registration and Waiver Forms

[Please note that registration is subject to team availability. While all requests for registration and/or team placement will be considered, neither registration nor placement on any team is guaranteed.]

Parents are urged to participate in managing/coaching duties. Please indicate whether you are available to manage, coach or assist. In the event any team does not have a manager/coach, that team will not be fielded.]

Players are expected to attend ALL games. As has been the case the past two years, all players will be required to wear an athletic supporter with cup. Also, all players are expected to be dressed in full uniform each week. The gray pants are required as part of the official AY. Shoes with rubber cleats are permitted and recommended.

Last name: _____

Child's First name: _____

Birth date: _____

Phone (home): _____

(day): _____

(cell): _____

E-mail: _____

Address: _____

Yeshiva: _____

Grade: _____

Jersey # (list current number if you already have a jersey, otherwise list three preferences): _____

Have you played for AY previously (Y/N) _____

Friends on team (list three): _____

Bar Mitzvah/Graduation dates: _____

Member (circle one):
YES
NO

Fee: \$80.00

Fee: \$95.00

Uniform (includes last name on back and number):

☐ Jersey - Size _____ \$21.50*

☐ Pants - Size _____ \$17.50*

☐ Hat \$ 5.00*

**based on last year's manufacturing cost*

Total Uniform Cost: _____

Total Due: _____

Payment Type:

☐ Check ☐ Cash ☐ Bill (members only) Amount Paid: _____

CONSENT, WAIVER, RELEASE OF LIABILITY
AND ASSUMPTION OF RISK ACKNOWLEDGMENT FORM

I, (Parent/Legal Guardian _____), hereby state that I am the Parent or Legal Guardian for (please print):

Name _____, Date of Birth ____/____/____;

Name _____, Date of Birth ____/____/____;

Name _____, Date of Birth ____/____/____;

Name _____, Date of Birth ____/____/____;

I hereby grant permission for the above-named child(ren) to participate in Congregation Ahavas Yisroel's ("CAY") little league baseball program affiliated with Jewish Community Little League ("JCLL") for the 2009 season.

In addition, I hereby grant CAY and its agents express permission and consent, in my absence, to authorize medical treatment for the above-named child(ren) should he/they sustain any injury arising from their participation in any CAY/JCLL baseball activity or as a result of medical conditions known or unknown including, but not limited to, notification for and treatment by emergency services as well as transportation to and treatment at an emergency facility.

I further knowingly, voluntarily and expressly assume full responsibility for any and all inherent and natural risks associated with the danger of bodily injury arising from or related to any CAY/JCLL baseball activity or as a result of any medical condition known or unknown.

I further knowingly, voluntarily and expressly release and hold harmless CAY/JCLL from all claims and/or demands including, but not limited to, personal injury or property damage, regardless of whether such was caused by the negligence of CAY/JCLL or its agents, which I may otherwise have against CAY and JCLL or its agents.

Parent/Guardian (Print)

Date

Parent/Guardian (Signature)