



Springfield Athletic Association

PO Box 168
Springfield, PA 19064



MEMBERSHIP APPLICATION/PERSONAL AND/OR BUSINESS BOOSTER DONATION

Date
Family Registered Last Year? [] Yes [] No
Medical Insurance Company
Medical Insurance Policy #

Family Name (Last name, first names of each parent or guardian)

Address
Town (Please check box Springfield or Morton-write in other)
[] Springfield [] Morton [] Other

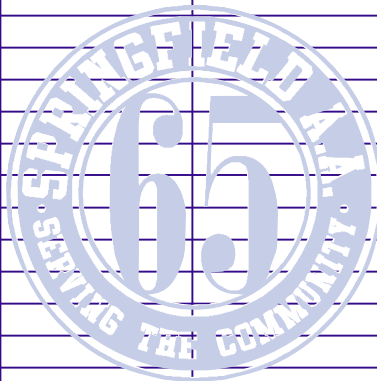
Home Phone
Cell Phone
EMAIL ADDRESS
Has your email changed?
[] Yes [] No

SAA USER NAME (FIRST TIME REGISTRATION PLEASE MAKE UP A SIMPLE 4 TO 6 CHARACTERS)
SAA PASSWORD (FIRST TIME REGISTRATION PLEASE MAKE UP A SIMPLE 4 TO 6 CHARACTERS)

List Sports Parent(s) Volunteer To Help:

Table with columns: PARTICIPANT INFO, CHILD 1, CHILD 2, CHILD 3, CHILD 4, CHILD 5, CHILD 6. Rows include COST PER CHILD, FIRST NAME, DATE OF BIRTH, SEX, AGE, GRADE.

Table with columns: SPORTS, ENTER YES BELOW UNDER EACH CHILDS NAME WITH SPORT THEY WILL PARTICIPATE. Lists various sports like Umpires, Tee Ball, Baseball, Softball, Lacrosse, Soccer, Volleyball, Field Hockey, Basketball, Wrestling.



Special Request (List Child/Sport/s):

PAYMENT METHOD: [] Cash [] Check # [] Credit Card
IMPORTANT NOTES: A late fee will be applied for all late sports sign-up registration. Travel Teams: Each player will be assessed an additional charge to participate on any travel team. Several intramural sports will assess an additional charge for umpire and/or referee fees to be collected by their coach.

DONATION: (Please complete top portion, name, address etc.)
[] Personal Booster [] Business Booster
[] \$10.00 [] \$15.00 [] \$20.00 [] \$25.00 [] \$
Legal Signature (RELATIONSHIP)
BOTH PARENT(S) OR GUARDIAN(S) MUST SIGN, IF ONLY ONE SIGNATURE, INDICATE REASON