



Springfield Athletic Association

PO Box 168
Springfield, PA 19064



MEMBERSHIP APPLICATION/PERSONAL AND/OR BUSINESS BOOSTER DONATION

Date	Family Registered Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance Company	Medical Insurance Policy #
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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:

PARTICIPANT INFO	New/ Adding Child or Children	CHILD 1	New/ Adding Child or Children	CHILD 2	New/ Adding Child or Children	CHILD 3	New/ Adding Child or Children	CHILD 4	New/ Adding Child or Children	CHILD 5	New/ Adding Child or Children	CHILD 6
COST PER CHILD	<input type="checkbox"/>	\$90.00	<input type="checkbox"/>	\$80.00	<input type="checkbox"/>	\$65.00	<input type="checkbox"/>	FREE	<input type="checkbox"/>	FREE	<input type="checkbox"/>	FREE
FIRST NAME												
DATE OF BIRTH												
SEX												
AGE												
GRADE												

SPORTS	ENTER YES BELOW UNDER EACH CHILDS NAME WITH SPORT THEY WILL PARTICIPATE											
Umpires												
Tee Ball-Kindergarten												
Baseball Intramurals-Grade 1-9												
Baseball Travel												
Softball Intramurals-Grade 1-6												
Softball Travel												
Lacrosse Intramurals Boys/Girls												
Lacrosse Travel Boys/Girls												
Soccer Intramurals-Grade K-6												
Soccer Travel Boys/Girls												
Volleyball Intramurals-Grade 4-8												
Field Hockey-Grade 3-8												
Basketball Intramurals-Grade K-9												
Basketball Travel Boys/Girls												
Wrestling Travel-Grade K-8												

Special Request (List Child/Sport(s):

PAYMENT METHOD	IMPORTANT NOTES:
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card _____ <small>NAME AS APPEARS ON CARD</small> Card # _____ Exp.Date _____ (Circle) VISA MasterCard Discover Amex <input type="checkbox"/> 1 Child \$90.00 <input type="checkbox"/> 2 Children \$170.00 <input type="checkbox"/> 3 or more Children \$235.00 Total Due \$ _____ A \$35.00 collection charge will be imposed for all returned checks or invalid credit cards.	A late fee will be applied for all late sports sign-up registration. This means that if you do not sign up prior to cut off dates, you will be charged an additional \$25.00. Travel Teams: Each player will be assessed an additional charge to participate on any travel team. YOU MUST PAY PRIOR TO TRYOUTS. If your child or children do not participate on a travel team, your fee will be refunded. Several intramural sports will assess an additional charge for umpire and/or referee fees to be collected by their coach. These fees are non-refundable.

<p>DONATION: (Please complete top portion, name, address etc.)</p> <p><input type="checkbox"/> Personal Booster <input type="checkbox"/> Business Booster</p> <p><input type="checkbox"/> \$10.00 <input type="checkbox"/> \$15.00 <input type="checkbox"/> \$20.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$ _____</p> <p><small>Business & Personal Booster Donation Information, please contact: Frank Bowden, 610.543.5213</small></p>	<p>Signing this form constitutes complete understanding of the Hold Harmless Agreement, Code of Conduct, and grants Permission for your child or children to participate in the S.A.A.</p> <p>Legal Signature _____ (RELATIONSHIP)</p> <p>Legal Signature _____ (RELATIONSHIP)</p> <p>BOTH PARENT(S) OR GUARDIAN(S) MUST SIGN, IF ONLY ONE SIGNATURE, INDICATE REASON</p>
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