

W.A.C. REGISTRATION FORM

PO Box 222, Weare, NH 03281

www.weareathleticclub.com

WEARE ATHLETIC CLUB



Please print legibly and provide two copies

Fees: **\$40** T-ball (Ages 5-6)
\$50 Rookie (Ages 7-8) Registration forms due: March 7
\$75 Minor and Major (Ages 9-12) Late fee: **\$10**
\$75 Softball U16
\$85 Babe Ruth Baseball (Ages 13-15) **Family Cap \$150**

NOTE:

Late registration does not guarantee a spot on a team.

Last Name: _____

First Name: _____

Address: _____

Age: _____

Male: _____

Grade: _____

Female: _____

E-Mail Address: _____

D.O.B. _____

Sport: _____
(Baseball/Softball)

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Home Phone: _____

EMERGENCY PHONE NUMBERS:

List any applicant medical problems or prohibitions:

PARENTAL SUPPORT/ASSISTANCE

The W.A.C. is a volunteer non-profit organization. Parental participation is essential in assuring a quality athletic and learning experience for your children. Your time commitment can be large or small, depending on what you can do. **WE NEED YOUR HELP!!** Please check off the area(s) in which you can help.

Coach: _____ Assist. Coach: _____

Team Parent: _____ Concessions: _____

Fund Raising: _____ Corp. Sponsor: _____

Maintenance: _____ Official: _____

Transport: _____ Committee: _____

*** Please try to check at least one

By signing this form the parent/guardian acknowledges that neither the Town of Weare nor persons representing or associated with the Weare Athletic Club will be held liable for any injuries that may be incurred as a result of the student athlete's participation in the sports program.

Parent/Legal Guardian Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

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