

# AAU Youth Programs Registration Form

City of Chelan Parks & Recreation Division  
619 W. Manson Hwy. PO Box 1669  
Chelan, WA 98816  
(509) 682-8023

\$25.00 Spring	<b>Mini-Tee Ball</b> Boys & Girls, Ages 5 & 6 by May 1 <sup>st</sup>	\$100.00 Summer	<b>Jr. Golf Lessons</b> Boys & Girls, Ages 8 through 17 4 Weeks
\$25.00 Spring	<b>Tee Ball</b> Boys & Girls, Ages 7 & 8 by May 1 <sup>st</sup>	\$25.00 \$35.00 Fall	<b>Soccer</b> Pre-K & Kindergarten Grades 1 through 6
\$35.00 Spring	<b>Girls Softball</b> Minor League – Girls Ages 9 & 10 Major League – Girls Ages 11 & 12 (unless 13 years of age before May 1 <sup>st</sup> )	\$35.00 Fall	<b>Girls Volleyball</b> Grades 5 and 6
\$35.00 Spring	<b>Boys Baseball</b> Minor League – Boys Ages 9 & 10 Major League – Boys Ages 11 & 12 (unless 13 years of age before May 1 <sup>st</sup> )	\$25.00 \$35.00 Winter	<b>Basketball</b> Grades K through 2 Grades 3 through 6

## PARTICIPANT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ (on May 1<sup>st</sup>) Gender: M F (circle one) Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_

**Shirt Size** (circle one) **Youth:** Small Med Large XLarge      **Adult:** Small Med Large XLarge  
**Pant Size** (circle one) **Youth:** Small Med Large XLarge      **Adult:** Small Med Large XLarge

I would like to help by (circle choice):    Coaching      Asst. Coaching      Umpire      Sponsoring

**HOLD HARMLESS:** I, the undersigned, Parent/Guardian, assume all risks and hazards incidental to participating in this activity and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Chelan, Their supervisors, participants and coaches from any claim arising out of injury to my child. I, the undersigned, Parent/Guardian of the participant, am fully aware of the potential dangers and risks involved with participating in this activity. This includes physical injury, death, or other consequences that may arise or result directly or indirectly from participation in the activity.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Official Use Only

**Date Paid:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_