

KAU SHED REGISTRATION FORM

KAU LITTLE LEAGUE

Indoor Baseball/Softball Facility

(Direct questions to Marlene Doherty, KAU Shed Coordinator, 610 268-1689)

Cost per KAU Member \$100 (\$200 max/family)

Send checks payable to KAU Little League to the following address:

**KAU Shed Coordinator
ATTN: Marlene Doherty
168 Sharp Road
Avondale PA, 19311**

FAMILY NAME: _____
 PLAYER NAME(1): _____ AGE ___ Softball/Baseball _____
 PLAYER NAME(2): _____ AGE ___ Softball/Baseball _____
 PLAYER NAME(3): _____ AGE ___ Softball/Baseball _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 EMAIL: _____
 HOME PHONE: _____

PRIMARY GUARDIAN NAME: _____
 CELL PHONE: _____ HOME PHONE: _____
 SECONDARY GUARDIAN NAME: _____
 CELL PHONE: _____ HOME PHONE: _____

View the time slots available by age group on the KAU website Shed Registration Calendar. Check the age appropriate one hour time slot that you prefer for the 12-week session.

	Mon		Tues		Wed		Thu		Fri	
	5:30pm-6:30pm	✓		✓	5:30pm-6:30pm	✓		✓	5:30pm-6:30pm	✓
	6:30pm-7:30pm		6:30pm-7:30pm		6:30pm-7:30pm		6:30pm-7:30pm		6:30pm-7:30pm	
	7:30pm-8:30pm		7:30pm-8:30pm		7:30pm-8:30pm		7:30pm-8:30pm		7:30pm-8:30pm	
		✓		✓		✓		✓		✓
Sat	9am-10am		10am-11am		11am-12pm		12pm-1pm		1pm-2pm	
	2pm-3pm		3pm-4pm		4pm-5pm		5pm-6pm		6pm-7pm	
	7pm-8pm									
Sun	11am-12pm		12pm-1pm		1pm-2pm		2pm-3pm			
	3pm-4pm		5pm-6pm		6pm-7pm		7pm-8pm			

I, THE PARENT/GUARDIAN OF THE ABOVE NAMED CANDIDATE FOR A POSITION FOR UTILIZING THE KAU SHED, HEREBY GIVE MY APPROVAL TO PARTICIPATE IN ANY AND ALL LITTLE LEAGUE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES. I KNOW THAT PARTICIPATION IN BASEBALL OR SOFTBALL MAY RESULT IN SERIOUS INJURIES AND PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES TO PLAYERS, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS KAU LITTLE LEAGUE, LITTLE LEAGUE BASEBALL INCORPORATED, THE ORGANIZERS, SPONSORS, MANAGERS, COACHES, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY CHILD TO AND FROM ACTIVITIES FOR ANY CLAIM ARISING OUT OF ANY INJURY TO MY CHILD WHETHER THE RESULT OF NEGLIGENCE OF FOR ANY OTHER CAUSE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE. I AGREE TO RETURN UPON REQUEST THE UNIFORM AND OTHER EQUIPMENT ISSUED TO MY CHILD IN AS GOOD A CONDITION AS WHEN RECEIVED EXCEPT FOR NORMAL WEAR AND TEAR. I WILL FURNISH A CERTIFIED BIRTH CERTIFICATE OF THE ABOVE NAMED CANDIDATE TO LEAGUE OFFICIALS.

PARENT OR GUARDIAN SIGNATURE: _____
 DATE: _____
 ADDITIONAL INFORMATION, IF ANY: