

HGRA REGISTRATION

2136 Ford Parkway #233, St. Paul, MN 55116

Deadline: Postmarked March 15, 2008

Pay \$45.00 per activity. Add \$10 late fee per activity after March 15, 2008. One form per child, please.

Make check to H.G.R.A. and mail to above address. Hand delivered registrations are not accepted (except at in person registrations)

Player's First Name _____ MI _____ Last Name _____

Street _____ City _____ Zip _____

Age _____ Birth Date _____ - _____ School _____

Special Needs _____ Gender: Male _____ Female _____

(continue on back of form if needed)

SOCCKER

Check	League	Format	Born Between:	Game Day	Game Time
	U5 (5&Under)	Coed	9/1/02 - 8/31/03	Sun. or Tues. (circle choice)	Sun 4:00; Tue 6:00, 6:30, 7:00
	U6 (6&Under)	Coed	9/1/01 - 8/31/02	Tuesday	6:00/7:15 (alternating)
	U7 (7&Under)	Coed	9/1/00- 8/31/01	Thursday	6:00/7:15 (alternating)
	U8 (8&Under)	Coed	9/1/99 - 8/31/00	Thursday	6:00/7:15 (alternating)
	U10 (10&Under)	Same gender	9/1/97 - 8/31/99	Monday	6:00/7:15 (alternating)
	U12 (12&Under)	Same gender	9/1/95 - 8/31/97	Wednesday	6:00/7:15 (alternating)
	U14 (14&Under)	Same gender	9/1/93 - 8/31/95	Tuesday	6:00/7:15 (alternating)
	* U18 (18&Under)	Coed	9/1/89 - 8/31/93	Wednesday	6:00/7:15 (alternating)
	* Premier (18 & Older)	Coed	Before 9/1/90	Sunday Evening	TBD
	Premier (35 & Older)	Coed	Before 9/1/73	TBD	TBD

* Players born between 9/1/89 and 8/31/90 may choose to play either in the U18 or Premier League.

___ Buddy request for soccer (print one name only) _____

___ I will coach/co-coach soccer (print your name) _____ with: _____

BASEBALL

Check	League	Format	Born Between:	Game Day	Game Time
	T-Ball	Coed	9/1/01 - 8/31/03	Monday	6:00/7:15 (alternating)
	** Rookies (Coach Pitch)	Coed	9/1/99 - 8/31/01	Wednesday	6:30
	** Minor League (Adv. Coach Pitch)	Coed	9/1/98 - 8/31/00	Tuesday	6:30
	Major League (Little League Rules)	Coed	9/1/95 - 8/31/98	Thursday	6:30
	Landmark League (Babe Ruth Rules)	Coed	9/1/91 - 8/31/95	Sunday & Tuesday	6:15

** Players born between 9/1/99 and 8/31/00 may choose to play either in the Rookie or Minor League.

___ Buddy request for t-ball or baseball (print one name only) _____

___ I will coach t-ball or baseball (print your name) _____ with: _____

ATTENTION T-BALL & BASEBALL COACHES:

Check preferred practice start time: Sat. a.m. (8-12) _____; Sat. p.m. (1-4) _____; Sun. p.m. (1-5) _____; Weekday eve. _____.

Parent Name(s): Parent 1 _____ Parent 2 _____

Phone: Home (____) _____ Work/Cell(____) _____ E-mail (coaches only): _____

(If the child has more than one home, list the numbers where we are most likely to be able to effectively pass on team information, practice dates, etc.)

Signature _____ Date: _____

I hereby give permission for my child and myself to participate in the HGRA program(s) selected above, assuming all risks and liabilities that may result from such participation and release and forever discharge and hold harmless HGRA, its representatives and agents from any and all actions, causes of action, claims, demands and liabilities arising out of injury to or damage sustained by me and/or my child. I agree to indemnify HGRA against any and all liability or loss, and against all claims or actions based upon or arising out of damage or injury to persons or property caused by me and/or my child. In the event of injury to my child, I hereby consent and authorize the administration of all treatments considered advisable or necessary for such injury.

By signing above, I agree to abide by the St. Paul Parks and Recreation Parents Code of Ethics printed on the back of this registration form