

THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.) MEMBERSHIP AGREEMENT

THE UNDERSIGNED, AS THE PARENT AND/OR LEGAL GUARDIAN OF THE FOLLOWING CHILD (CHILDREN) HEREBY APPLIES FOR MEMBERSHIP IN THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.) AND THE SPONSORED SPORT(S) INDICATED BELOW. G.M.A.A. DUES FOR EACH SPORT (OR IN THE CASE OF SOCCER, FOR EACH SEASON) IN WHICH EACH CHILD IS ENROLLED AS A PLAYER IS PAID HEREWITH.

BY OR CASH IN THE AMOUNT OF:

GMAA Use Only Last Year's Membership no. _____ This year's Membership no. _____

THE UNDERSIGNED, AS A CONDITION OF, AND IN CONSIDERATION OF, MEMBERSHIP IN THE GREATER MILFORD ATHLETIC ASSOCIATION HEREBY:

1. AGREES TO ABIDE BY THE RULES AND REGULATIONS OF THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.), AND OF THE SPONSORED SPORT(S) IN WHICH MY CHILD (CHILDREN) S (ARE) PARTICIPATING.
2. AGREES TO PAY SUCH MEMBERSHIP DUES AND FEES AS MAY BE ASSESSED BY THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.), AND OF THE SPONSORED SPORT(S) IN WHICH MY CHILD (CHILDREN) 1S (ARE) PARTICIPATING.
3. AGREES TO RETURN UPON REQUEST ANY AND ALL UNIFORMS AND EQUIPMENT PROVIDED TO MY CHILD (CHILDREN) BY THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.) OR THE SPONSORED SPORT(S) IN WHICH MY CHILD (CHILDREN) IS (ARE) PARTICIPATING. IF SUCH UNIFORM(S) AND EQUIPMENT IS (ARE) NOT RETURNED IN THE SAME CONDITION IN WHICH RECEIVED, EXCEPTING ONLY REASONABLE WEAR AND TEAR, I HEREBY AGREE TO PAY THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.) OR THE SPONSORED SPORT(S) THE REPLACEMENT COST OF THE UNIFORM(S) AND EQUIPMENT.
4. ACKNOWLEDGES THE UNDERSTANDING THAT PARTICIPATION IN THE SPORT(S) IN WHICH THE CHILD (CHILDREN) IS (ARE) ENROLLED EXPOSES THE PARTICIPANTS TO PLAYING HAZARDS THAT MAY CAUSE SEVERE INJURY.
5. TO THE FULLEST EXTENT PERMITTED BY LAW, RELEASES, WAIVES ANY AND ALL RIGHTS AGAINST, DISCHARGES, COVENANTS NOT TO SUE, AND SHALL HOLD HARMLESS AND SHALL INDEMNIFY:
 - a. ALL OTHER MEMBERS OF THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.), THEIR GUESTS, VISITORS, AND OTHER INVITEES AND PERMITEES;
 - b. THE SPONSORED SPORTS TEAM'S SPONSOR(S), MANAGER(S), COACH(ES), UMPIRE(S), REFEREE(S), OFFICIAL(S), OFFICER(S), AND VOLUNTEER(S), AND THEIR AGENT(S) AND REPRESENTATIVE(S);
 - c. THE SPONSORED SPORT'S LOCAL, DISTRICT, STATE, REGIONAL AND NATIONAL ORGANIZATION AND THEIR SPONSOR(S), MANAGER(S), COACH(ES), UMPIRE(S), REFEREE(S), OFFICIAL(S), OFFICER(S), AND VOLUNTEER(S), AND THEIR AGENT(S) AND REPRESENTATIVE(S);

FOR LIABILITY TO ME, MY SPOUSE, MY ESTATE AND MY PERSONAL REPRESENTATIVE(S), ASSIGNEE(S), HEIR(S) AND NEXT OF KIN AND THEIR AGENTS AND REPRESENTATIVE(S) ON ACCOUNT OF INJURY TO ME, MY SPOUSE, MY PARTICIPATING CHILD (CHILDREN), AND THEIR GUEST(S) AND INVITEES; AND FOR DAMAGE TO OR DESTRUCTION OF MY, THEIR AND OUR PROPERTY ARISING DIRECTLY OR INDIRECTLY FROM:

- a. MY AND/OR THEIR PARTICIPATION IN OR ATTENDANCE AT ANY OF THE SPONSORED SPORTS AND ACTIVITIES OF THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.), INCLUDING BUT NOT LIMITED TO, ANY AND ALL GAMES, PRACTICES AND FUNCTIONS, AND TRAVEL TO OR FROM SUCH GAMES, PRACTICES AND FUNCTIONS; OR
- b. MY AND/OR OUR MEMBERSHIP IN THE GREATER MILFORD ATHLETIC ASSOCIATION (G.M.A.A.)

Father's last name Father's first name MI Date signed Father's signature ID: SSN / Driver's License

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Mother's last name Mother's first name MI Date signed Mother's signature ID: SSN / Driver's License

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Number Street address Zip Home telephone Office telephone

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Residential subdivision or apartment

Deographic area- eg Day Heights

Our household resides in (check one)

- Miami Twp, Milford Schools
- Union Twp, Milford Schools
- City of Milford, Milford Schools
- Miami Twp, Loveland Schools
- Miami Twp, Goshen Schools
- Other _____

Application
witnessed and
accepted by:

last name

first name

THE INFORMATION CONTAINED IN THE MEMBERSHIP DATABASE HAS BEEN REVIEWED AND WITNESSED BY ME AND IS CORRECT.

PLEASE COMPLETE THE FOLLOWING FOR EACH CHILD WHO PARTICIPATE AS A PLAYER ("P"), REFEREE ("R") OR UMPIRE ("U")

(PRINT THE LETTER "P" IN THE "SPONSORED SPORT" BOX F THE PARTICIPANT WILL BE A PLAYER)
 (PRINT THE LETTER "R" IN THE "SPONSORED SPORT" BOX F THE PARTICIPANT WILL BE A REFEREE)
 (PRINT THE LETTER "U" IN THE "SPONSORED SPORT" BOX F THE PARTICIPANT WILL BE A UMPIRE)

Sponsored Sport

	child's last name	child's first name	mi	date of birth	school currently attended	base ball	soft ball	say spring	say fall
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby appoint the President of the Milford Youth Baseball Association (MYBA), for the limited purpose of representing my interests as a member of the Greater Milford Athletic Association (GMAA) and to vote on my behalf on all matters coming before GMAA at which I am entitled to vote, until such time as I appear in person at any such meeting, or until such time as I revoke this authorization, or until my membership expire, which first occurs.

Parent/Guardian Signature _____ Date _____