

# CRANBERRY TOWNSHIP ATHLETIC ASSOCIATION

## 2008 ADULT SOFTBALL REGISTRATION FORM

With Area Code

PLAYER'S NAME (LAST NAME): \_\_\_\_\_ Home Phone: \_\_\_\_\_

EMAIL ADDRESS: **Please Provide** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ **Plan or Association** \_\_\_\_\_

(Must be included to register)

League	Age	Reg. Fee
Adult Co-Ed Softball	19 and Over	\$35

- To sign up please fill out form, determine fee, including \$40 fundraiser fee. Mail the registration form and payment to CTAA, P.O. Box 1599, Cranberry Twp., PA 16066.
- You can signup on-line at [www.ctaaonline.com](http://www.ctaaonline.com) or come to the walk in registration session on Saturday, February 23, 2008 from 10 AM until Noon at the Municipal Center.
- \*The fundraiser must be paid per family for the adult leagues. You do not have to pay it if you have already paid for the fundraiser under the CTAA youth program.

Question about the leagues? Email Michelle Moore at [ctaa-adult-sb@ctaaonline.com](mailto:ctaa-adult-sb@ctaaonline.com)  
 For Registration questions, contact Mike O'Reilly at [ctaa-registration@ctaaonline.com](mailto:ctaa-registration@ctaaonline.com)

### IMPORTANT NOTICES

#### Player(s) Warrants & Consents

1. I/we agree to return any equipment or uniform items provided by the CTAA for use during CTAA related activities; and to return such items in as good a condition as they may have been when issued.
2. Agree to release, absolve, indemnify and hold harmless the CTAA, its sponsors, officers, managers and coaches in case of injury during these activities and when being transported to or from these activities.
3. I/we understand that the insurance carried by this league covers only the amount that is not provided by my/our carrier.

#### PLAYER REGISTRATION

**Player # 1** FIRST NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Sex: \_\_\_\_\_ If known, Please indicate team you are signing up for: \_\_\_\_\_

**Player # 2** FIRST NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Sex: \_\_\_\_\_ If known, Please indicate team you are signing up for: \_\_\_\_\_

**Total Registration Fee:** \_\_\_\_\_ + **\$40 Fund-raiser\* per family** = Total \_\_\_\_\_

**Make Checks Payable to: "CTAA"**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_