

Notes to file _____



Returning to Santa Fe AABC Program

Return to same team _____

Enter Draft – *By entering draft you acknowledge that your child may be selected by any team/coach.*

New to Santa Fe AABC Program

Team requesting: _____

Please note that requesting a team does not guarantee placement on that team.

Amount: \$ _____ Cash Check No: _____ Other _____

INTRODUCTION

The Santa Fe AABC is a program of competitive baseball/softball for boys and girls. Headquarters are located at Ragle Ballpark, Santa Fe, NM 87505; phone 505-239-6091; email president@santafeaabc.org; The affairs of Santa Fe AABC are managed by a duly elected board of directors. Santa Fe AABC is sanctioned by the American Amateur Baseball Congress (AABC) and is a member of the South Plains Region.

MISSION STATEMENT

Santa Fe AABC is a not for profit, all volunteer youth sports organization dedicated to providing and developing a quality baseball/softball program for the youth of this community.

OBJECTIVES

The objectives and purposes for which Santa Fe AABC is formed are as follows: (1) to engage in teaching and encouraging participation in the sport of baseball/softball (2) to assist in combating juvenile delinquency by promoting the physical and emotional well being of young people by interesting them in participating in the game of baseball/softball (3) to further sportsmanship and the importance of physical activity in their lives, and (4) to carry on competitive games and exhibits in the City of Santa Fe and the State of New Mexico.

RULES OF CONDUCT FOR COACHES, PARTICIPANTS, PARENTS/GUARDIANS AND SPECTATORS

Any person(s) participating in Santa Fe AABC in any capacity (coach, participant, parent, sponsor, spectator, or official) is strictly prohibited from consuming any alcoholic beverages and/or drugs/controlled substances on any practice or game field before, during, or after any practice or game or any other team related function. It should also be noted that alcohol and/or drugs/controlled substances are not permitted on the Santa Fe AABC facilities at any time. Additionally, the use of profanity, physical abuse, verbal abuse (including demeaning another team), hitting, kicking, or taunting any individual will not be tolerated by Santa Fe AABC. Any violation of these policies by any Santa Fe AABC participant will be dealt with swiftly and severely by the Santa Fe AABC President or his designee without exception! **Violation of any of the policies described above may result in the temporary or permanent disbarment of the offending individual from any participation in Santa Fe AABC.**

MEDICAL

Santa Fe AABC does not require your participant to have a physical check up by a physician to participate in the program. However, Santa Fe AABC does strongly suggest that a physical check up be performed to determine your participant's physical suitability to compete in the program. Furthermore, you agree as the parent or legal guardian of the participant, to hereby give your consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the participant.

AGREEMENT

By signing this form, I acknowledge I have read and completed and by my signature my child (participant) and I fully understand and agree to the conditions of the **Program Registration**, the **Medical Release**, **Release of Liability** and **Parental Consent Agreement**. Furthermore, both the parent(s)/guardian(s) and the participant acknowledge, understand and agree to abide by all rules, policies and procedures of the Santa Fe AABC, the New Mexico AABC, the National AABC Rule Book and the Major League Baseball Rule Book. These policies, procedures and rules can be changed without notice at the discretion of the Santa Fe AABC board of directors. If any part of the registration form is held to be unenforceable, such holding will not affect the validity or enforceability of any other part of this form so long as the remainder of the form is reasonably capable of completion. Additionally, I acknowledge that I'm receiving 55 (\$1) raffle tickets to sell and reimburse myself for today's payment. In the event I decide not to have my child participate, I understand there will be **NO REFUNDS** but may continue to sell the raffle tickets to reimburse myself.

X _____ Date _____
Parent/Guardian Signature

Athlete's Name: _____
First Last

Parent/Guardian Name: _____
Email

Phone: _____
Cell Work Home

Age Groups:

Baseball - Age on April 30, 2020 _____ Birth Date: ____/____/____ Age Verified by: _____

Softball - Age on December 31, 2019 _____ Birth Date: ____/____/____ Age Verified by: _____

Development Programs
\$55

- 3-4 Carew (T-ball)
- 5-6 Carew (coach pitch)

Baseball Programs
\$55

- 7-8 Clemente
- 9-10 Mays
- 11-12 Reese

Softball Programs
\$55

- 7-10 (coach pitch)
- 9-12

