



North Cheektowaga Amateur Athletic Association
Playing-Up Permission Form for Baseball & Softball

I give my child _____ of the _____

CHILD'S NAME

DIVISION

TEAM NAME

permission to play up at any time during the year as needed in the following division:

- | | | |
|--|--|--|
| <input type="checkbox"/> 7-8 Baseball | <input type="checkbox"/> 9-10 Baseball | <input type="checkbox"/> 11-12 Baseball |
| <input type="checkbox"/> 13-14 Baseball | <input type="checkbox"/> 15-16 Baseball | <input type="checkbox"/> 17-20 Baseball |
| <input type="checkbox"/> 8 & under Softball | <input type="checkbox"/> 10 & under Softball | <input type="checkbox"/> 12 & under Softball |
| <input type="checkbox"/> 14 & under Softball | <input type="checkbox"/> 16 & under Softball | <input type="checkbox"/> 20 & under Softball |

I understand that by registering my child in the division checked above, that my child will be playing with older children and that I, as the legal parent or guardian, assume all liability, and hold North Cheektowaga Amateur Athletic Association harmless for any liability for any injuries, accidents, or incidents that my occur while my child is playing or practicing in the older age division.

Phone Number: _____ Cell Number: _____

Parent Name (Print): _____

Parent Signature: _____ Date: _____