

Bridgeville Athletic Association

PO Box 91, Bridgeville PA 15017

2017 Fall Season Registration Form

1 Player per Form (Use Ink - Please Print)



www.bridgevilleball.com

Player Last Name: _____ First Name: _____ Birthdate: _____ (MM/DD/YYYY)

Address: _____ BAA Initials:

City: _____ ZIP Code: _____ Age on Jan 1, 2017 (Girls) / April 30, 2017 (Boys): _____

League: _____ (for BAA use only)

Health Restrictions: _____

Emergency Contact (not at residence): _____ Relation: _____ Phone #: _____

Shirt Size (Circle One): YS YM YL AS AM AL AXL AXXL Preferred Teammates/Coach: _____

Parent/Guardian Information

Mother's Name: _____ Home Phone #: _____ Cell Phone #: _____

Address: _____ City, State: _____ ZIP Code: _____

E-mail Address: _____ Are you interested in: _____ Manager _____ Coach? (PA / FED Clearances Required)

Father's Name: _____ Home Phone #: _____ Cell Phone #: _____

Address: _____ City, State: _____ ZIP Code: _____

E-mail Address: _____ Are you interested in: _____ Manager _____ Coach? (PA / FED Clearances Required)

Registration Fee:

Girls (Coach) Slow Pitch Softball	\$45	Ages 7-8
Girls Fast Pitch Softball	\$45	Ages 9-12
Girls Fast Pitch Softball	\$45	Ages 13-15
Boys (Coach Pitch) Baseball	\$45	Ages 7-8
Boys Baseball	\$45	Ages 9-12
Pony Baseball	\$45	Ages 13-14
Colt Baseball (with Umpires)	\$65	Ages 15-16

* Note: Umpires will not be used at lower levels in order to minimize costs

BAA Membership: _____ \$5 (One per Household - ONLY IF NO MEMBER OF FAMILY PARTICIPATED IN SPRING BALL)

TOTAL: _____ ****MAIL FORM AND PAYMENT TO ADDRESS LISTED ABOVE**

The Bridgeville Athletic Association (BAA) requires that all participants have adequate insurance coverage in order to participate in any BAA activities. The BAA does not provide insurance protection against injury or accident. The BAA does not provide medical or hospitalization coverage with regard to any child's participation in any practice, game, or other BAA sponsored activity. I, the parent/guardian of the above-named participant, assume all the risks and hazards involved with and incidental to the conduct of BAA activities and transportation to/from BAA activities. Furthermore, I hereby release, absolve, indemnify and hold harmless the BAA, its organizers, its sponsors, and any of its supervisors. I, the parent/guardian, will furnish upon request of any BAA official, the certified birth certificate of the above-named child. In accordance with all of the above, I hereby give my consent for the above-named child to participate in all athletic activities relating to the baseball/softball season. I, the parent/guardian, grant the BAA permission to use photos of the above-named child in the monthly publication "Play Ball" and on the BAA website and hereby release the BAA from all liabilities that may arise from using such images.

Printed Name: _____ Signature: _____ Date: _____

BAA Use Only:

Payment Method: _____ Cash _____ Check # _____

BAA Initials Date: _____

Date of PA ACT 153 Clearance: _____ / _____

PA ACT 34 Req'd? Y or N Mother / Father (Circle One)

PA Child Abuse Clearance Req'd? Y or N Mother / Father (Circle One)

Federal Fingerprints Req'd? Y or Waiver Mother / Father (Circle One)

Code of Conduct Signed? Y or N Mother / Father (Circle One)