



Bauerstown Baseball & Softball Association

2009 Fall Ball Registration Form

Family Name		Home Phone	Cell Phone	Emergency Phone
Address, City, State, Zip				
Father's Name		Occupation	I would you like to: Manage Assist/Help	
Mother's Name		Occupation	I would you like to: Manage Assist/Help	
Were you a member of BBA Last Year?		Would you like to be part of our Email Updates List?		
No	Yes	No	Yes	Email Address:

Boys Fall League Fees (circle)

6 to 8 years old.....\$30.00 (Instructional) 11 and 12 years old.....\$50.00 (Little)
 9 and 10 years old.....\$45.00 (Farm) 13 and 14 years old.....\$65.00 (Pony)

Note: In the fall, players usually move up to the league they will play in the following spring season.

Player's First Name	Last Name	Birth Date	Age as of 4/30/10	Shirt Size	League Fee
					\$ _____
					\$ _____
					\$ _____

Girls Fall League Fees (circle)

Fast Pitch

Ages 10 & U.....\$45.00 Ages 12 & U.....\$50.00 Ages 15 & U.....\$55.00

Note: In the fall, players usually move up to the league they will play in the following spring season.

Player's First Name	Last Name	Birth Date	Age as of 1/1/10	Shirt Size	League Fee
					\$ _____
					\$ _____
					\$ _____

Medical: Please list any medical condition and/or physical limitations, (i.e. Asthma, Diabetes, etc.) your child may have. Your signature below acknowledges that in the absence of a parent or guardian a Manager, Coach, Officer, or Board member of the Bauerstown Baseball and Softball Association may obtain medical treatment for your child in the event of serious injury or illness.

I hereby agree to indemnify and hold harmless the Bauerstown Baseball and Softball Association, including any of its coaches or officials, for any injury to my child, even if caused by negligence of player, coach, or official. I further understand that there is limited insurance other than my own.

The coaches select teams. Special request cannot be guaranteed.

As a member of Shaler Area Baseball Association, Bauerstown Baseball and Softball Association has agreed to follow SABA by-laws. By registering with BBA, I also agree to follow SABA and BBA by-laws.

Parent or Guardian's Name (please print) _____ Signature _____ Date ____/____/____

Check out our Web Site www.bauerstown.com



Make Checks Payable to:
Bauerstown Baseball Association

Total League Fees - \$ _____

Check # _____ Total Paid - \$ _____

Date _____