

BASEBALL & SOFTBALL REGISTRATION

BELLEVUE SPORTS
Athletic Association



League Selection:

- | | | |
|---|--|---|
| <input type="checkbox"/> T-Ball 6-under Tee/Coach Pitch (\$100 USD) | <input type="checkbox"/> Baseball 12-u (\$190 USD) | <input type="checkbox"/> Softball 8-u Machine Pitch (\$130 USD) |
| <input type="checkbox"/> Baseball 8-under Machine Pitch (\$150 USD) | <input type="checkbox"/> Baseball 13prep (\$200 USD) | <input type="checkbox"/> Softball 10-u (\$150 USD) |
| <input type="checkbox"/> Baseball 10-under (\$175 USD) | <input type="checkbox"/> Baseball 15-u (\$200 USD) | <input type="checkbox"/> Softball 14-u (\$170 USD) |
| | <input type="checkbox"/> Baseball 18-u (\$200 USD) | |

Player Info:

First Name: _____ Last Name: _____

Birthdate: _____ Player's Age on April 30th: _____

Shirt Size (circle one): YS YM YL YXL AS AM AL **Pant Size (circle one):** YS YM YL YXL AS AM AL

Player Status: New to the League Returning to the same age group Moving to a new age group

Coach Request: _____

Parent/Guardian Info:

First Name: _____ Last Name: _____

Other Parent: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ Subscribe to Email Notifications: Yes No

The Insurance provided by BSAA, Inc. is secondary insurance. It is necessary for all players to have primary insurance coverage. It is also necessary for the parent/guardian of each player to sign the following waiver relieving BSAA, Inc.; its directors, coaches, and participants of any responsibility for injuries incurred by the player or player's family while participating with a team or on the premises affiliated with BSAA, Inc.

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Bellevue Sports Athletic Association, Inc., Babe Ruth, Inc. and USAAA, Inc. That all the information provided above is correct. Recognizing the possibility of physical injury associated with baseball/softball and in consideration for BSAA, Inc. accepting the registrant for its baseball/softball program and activities, I hereby release, discharge, and/or otherwise indemnify BSAA, Inc. and its associated personnel against any claim by or on behalf of the registrant as a result of their participation in the program. All fees are non-refundable and will be considered a donation to BSAA, Inc. if player decides not play.

I have read the above waiver of responsibility, understand, and accept it. _____

Parent/Legal Guardian Signature

Date

For Office Use Only:

Date Received: _____

Amt. Paid: _____ Check# _____ Cash

BSAA, Inc. will allow hardships for children whose parents or guardian are unable to pay and no child will be denied the opportunity to play based on race, religion, sex, handicap, or national origin. All Hardship requests must be approved by BSAA, Inc. Board.

