

Bellevue Sports Athletic Association, Inc.

621 McPherson Dr.
Nashville, TN 37221
www.bsaainc.org

Cal Ripken - Softball Form

BSAA, Inc/s mission is to provide the community with a youth recreational baseball and soft ball league that will allow each child the opportunity to learn, grow, and compete in an environment that will be a positive life experience. 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 request must be approved by BSAA, Inc. Board.

Player's Name: _____

Player's age as of Dec. 31 current year _____ **Player's Birth date:** _____

9-under Machine Pitch (Rookie) \$175 _____ **(Cal Ripken Rules Allow up to 9 years old)**

12-under \$175 _____ **(Cal Ripken Rules Allow up to 12 years old)**

- ___ **Player is new to the League (A copy of Birth Certificate will be required).**
- ___ **Player is moving to the next age group.**
- ___ **Player will return to the same age group team/coach** _____
- ___ **Player returning to same age group and will re-enter the draft.**

Parent/ Legal Guardian Name _____ **Spouse** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Cell: _____ **Work/ Cell:** _____

E-mail Address: _____ **(Please Provide)**

<u>Player Sizes</u>			
Please circle one size in each area:			
Shirt			
YS	YM	YL	YX
AS	AM	AL	AX
Shorts			
YS	YM	YL	YX
AS	AM	AL	AX

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 Date

For Office Use Only: Date Rec'd: _____ Amt. Paid: _____ Check# _____ Cash _____