

2010 BBAA Baseball / Girls Softball Registration

Last Name:		Father Name:	
First Name:		Home Phone:	
Address:		Mobile Phone:	
<i>City, State</i>		Email:	
<i>Zip</i>		Mother Name:	
Birth Date:		Age:	
Grade:		Years Played:	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	
Shirt Size:	<input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL		
Pants Size:	<input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL		

Volunteers: Head Coach Assistant Coach Will Coach If Needed

Baseball

Level	Ages	Fee *
Shetland	5-6	\$120
Pinto	7-8	\$125
Mustang	9-10	\$135
Bronco	11-12	\$145
Pony	13-14	\$150

Softball

Level	Ages	Fee *
10 & Under	9-10	\$135
12 & Under	11-12	\$140
14 & Under	13-14	\$145

Age Determination ==> Baseball = Age of player on 7/31/2010 Softball = Age of player on 12/31/2009

- * Fee includes the BBAA Fundraiser of \$50 worth of raffle tickets that can be sold and the cost recovered.
- * Non-residents must pay an additional \$10 for registration.
- * Discounts available for families with multiple registrations.

Waiver, Release, Covenant Not To Sue and Indemnity Agreement

I understand and accept that there are risks involved in participating in any recreational activity. I am aware of those risks, and I am voluntarily registering my child/children in this activity with knowledge of the risks involved. I agree to accept all such risks of injury, death, and/or property damage. I agree to the terms of this waiver, release, covenant not to sue and indemnity agreement as set forth herein. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical, and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills. I acknowledge that the Bensenville Boys Athletic Association (Hereinafter "BBAA") has not purchased and does not provide any medical or accident insurance to cover such expenses. Any such insurance is my responsibility. I waive, release, absolve indemnity and agree to hold harmless the BBAA, it's members, officers, coaches, volunteers or any other representative of the BBAA against any and all cause of action, claims, demands, losses, expenses, and/or ability. In addition, I understand that my conduct, if deemed inconsistent with the rules of good sportsmanship and fair play or with BBAA Rules and Regulations, may result in my expulsion from this or other BBAA programs.

I have fully read this document and understand it's meaning and legal impact thereof. I voluntarily, of my own free will and without distress or coercion, sign this waiver, release, covenant not to sue and indemnity agreement.

Parent / Guardian Name (Please Print): _____

Parent / Guardian Signature: _____ **Date:** ____ / ____ / ____

BBAA USE ONLY : Amount Received \$ _____ Method: Cash Check Credit Card Check No. _____