

SACHSE BASEBALL ASSOCIATION

www.sachsebaseball.org

ENTERED: _____

BOARD MEMBER INITIALS: _____

SPRING 2010 PLAYER REGISTRATION FORM

Player Information: (PLEASE PRINT LEGIBLY)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Date of Birth: _____ Age (as of April 30, 2010) _____ School Attending _____

Uniform Size Y OR A Cap Size (Youth or Adult) _____

Did applicant play baseball last year? yes no

Which division? Blastball T-Ball Pinto Mustang Bronco Pony

What Team?: _____ Do you wish to be on this team again? _____

Parent Information: (PLEASE PRINT LEGIBLY)

FATHER

Name: _____
Phone: _____
Email: _____

MOTHER

Name: _____
Phone: _____
Email: _____

I am interested in volunteering for the following:

coach assistant coach umpire scorekeeping concessions other

PLAYER PARTICIPATION FEES CHECK AGE AS OF APRIL 30, 2010

<input type="checkbox"/> BLASTBALL (Age 3-4)	\$50.00	<input type="checkbox"/> MUSTANG (Age 9-10)	\$75.00
<input type="checkbox"/> T-BALL (Age 5-6)	\$70.00	<input type="checkbox"/> BRONCO (Age 11-12)	\$75.00
<input type="checkbox"/> PINTO (Age 7-8)	\$70.00	<input type="checkbox"/> PONY (Age 13-14)	\$80.00

There is a \$5.00 discount for the additional child in the same family participating in the Sachse Baseball Association.

All players must participate in a fundraiser. If you wish not to participate in the fundraiser we offer a buyout of \$30.

RELEASE AND HOLD HARMLESS AGREEMENT

I/WE THE PARENT(S) OF THE ABOVE NAMED APPLICANT, GIVE MY/OUR PERMISSION FOR THE PLAYER TO PARTICIPATE IN ALL ACTIVITIES OF THE SBA. I/WE ASSUME ALL RISK AND HAZARDS INCENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES. I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE SBA, BOARD MEMBERS, COACHES, SPONSORS, UMPIRES AND SCOREKEEPERS FROM ANY CLAIM (#1) ARISING OUT OF AN INJURY TO MY/OUR CHILD, WHETHER SAID INJURY OCCURS DURING A PRACTICE, A SCHEDULED GAME, OR WHILE BEING TRANSPORTED TO OR FROM SAME AND (#2) RELATING TO MY CHILD'S SKILL DEVELOPMENT OR ADVANCEMENT IN THE SPORT.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO BE FILLED OUT BY SBA BOARD MEMBER:

League Fee: _____ Sibling discount _____ Fundraiser Buyout _____ Scholarship Donation _____

Total due for this player: _____ Cash / Check # _____ NOTES: _____