

# Bridgeville Athletic Association

PO Box 91, Bridgeville PA 15017



[www.bridgevilleball.com](http://www.bridgevilleball.com)

## 2021 Spring Season Registration Form

**1 Player per Form (Use Ink - Please Print)**

**Player Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ (MM/DD/YYYY)  
**Address:** \_\_\_\_\_ BAA Initials  
**City:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_ **Age on Jan 1, 2021 (Girls) / August 31, 2021 (Boys):** \_\_\_\_\_  
**Same address as last year?** Y or N (Circle One) **School District:** CV / Other \_\_\_\_\_ **League:** \_\_\_\_\_ (for BAA use only)  
**Health Restrictions:** \_\_\_\_\_  
**Emergency Contact (not at residence):** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ Desired Shirt Number  
**Shirt Size (Circle One):** YS YM YL AS AM AL AXL AXXL **Pant Size (Circle One):** YS YM YL AS AM AL AXL AXXL 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_  
**Preferred Coach (Pre-T & T-Ball Only):** \_\_\_\_\_ **Preferred Teammates (Pre-T & T-Ball Only):** \_\_\_\_\_

### Parent/Guardian Information

**Mother's Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Are you interested in:** \_\_\_\_\_ **Manager** \_\_\_\_\_ **Coach?** (PA / FED Clearances Required)

**Father's Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Are you interested in:** \_\_\_\_\_ **Manager** \_\_\_\_\_ **Coach?** (PA / FED Clearances Required)

<b>Registration Fee:</b>	<b>Pre T-Ball / T-Ball</b>	<b>\$70</b>	<b>Ages 3-4 / 5-6</b>
(Includes BAA Membership)	<b>Girls Slow Pitch (Coach Pitch) Softball*</b>	<b>\$110</b>	<b>Ages 7-8</b>
	<b>Girls Fast Pitch Softball*</b>	<b>\$110</b>	<b>Ages 9-12</b>
	<b>Boys (Coach Pitch) Baseball*</b>	<b>\$110</b>	<b>Ages 7-8</b>
	<b>Boys Baseball*</b>	<b>\$110</b>	<b>Ages 9-12</b>
	<b>Pony Baseball*</b>	<b>\$135</b>	<b>Ages 13-14</b>
	<b>Colt Baseball</b>	<b>\$140</b>	<b>Ages 15-16</b>
	<b>Super Colt Baseball</b>	<b>\$175</b>	<b>Ages 17-19</b>
<b>*Pre-Season Clinics:</b>	<b>Included</b>	<b>\$15 (Already Included for ages 7 thru 14 - INDOOR Clinics prior to season at Greentree Sports Plex)</b>	
<b>Discounts:</b>		<b>(-\$20) Discount for Families with 3 or more children registered with the BAA</b>	
		<b>(-\$25) Discount for each <u>FIRST-TIME</u> Company Recruited to Sponsor a Team or Sign</b>	
<b>Late Registration:</b>		<b>\$20 Late Registration (After 2/24/21)</b>	
<b>TOTAL:</b>		<b>** Note - No Registrations will be accepted after March 6, 2021 **</b>	

**ROSTER SPOTS WILL BE RESERVED ON A "FIRST COME, FIRST SERVED" BASIS!! ONCE A TEAM IS FILLED, NEXT IN LINE WILL BE ON A WAITING LIST TO FILL THE NEXT TEAM.**

~ SELECT ONE OPTION BELOW & PROVIDE SEPARATE CHECK ~

**Concession Stand Opt-Out Fee:** \_\_\_\_\_ **\$100 (PER FAMILY) - BAA WILL CASH CHECK NOW & NO CONCESSION STAND WORK REQUIRED**  
**Concession Stand Holder Fee:** \_\_\_\_\_ **\$100 (PER FAMILY and covers Shifts in the Stand) - If you work the shifts, your check WILL NOT be cashed**  
**\*\* The BAA does not want your money, we NEED your time.**

The Bridgeville Athletic Association (BAA) requires that all participants have adequate insurance coverage in order to participate in any BAA activities. The BAA does not provide insurance protection against injury or accident. The BAA does not provide medical or hospitalization coverage with regard to any child's participation in any practice, game, or other BAA sponsored activity. I, the parent/guardian of the above-named participant, will provide adequate health insurance and assume all the risks and hazards involved with and incidental to the conduct of BAA activities and transportation to/from BAA activities. Furthermore, I hereby release, absolve, indemnify and hold harmless the BAA, its organizers, its sponsors, and any of its supervisors. Registration only covers a portion of the cost needed to produce a season, therefore, I understand that participation in the Super Bingo fundraiser is required. I, the parent/guardian, will furnish upon request of any BAA official, the certified birth certificate of the above-named child. In accordance with all of the above, I hereby give my consent for the above-named child to participate in all athletic activities relating to the baseball/softball season. I, the parent/guardian, grant the BAA permission to use photos of the above-named child in the BAA publication, "Play Ball", and on the BAA website and hereby release the BAA from all liabilities that may arise from using such images.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BAA Use Only:** **Date of PA ACT 153 Clearance:** \_\_\_\_\_ / \_\_\_\_\_  
**Payment Method:** \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ **PA ACT 34 Req'd?** Y or N **Mother / Father (Circle One)**  
**Federal Fingerprints Req'd?** Y or Waiver **Mother / Father (Circle One)**  
**Code of Conduct Signed?** Y or N **Mother / Father (Circle One)**

BAA Initials **Date:** \_\_\_\_\_