



BETHEL PARK SLOW PITCH ASSOCIATION

2010 REGISTRATION

The BPSPA invites all girls interested in participating in the 2010 fall softball season to register.

Please make your check payable to “BPSPA” and send it, with the completed form, to the Bethel Park Slow Pitch Association, P.O. Box 341, Bethel Park, PA 15102

If additional forms are needed, go to www.bpspa.org & download the registration form. Full Payment is due at time of registration (cash and checks accepted).

Deadline for registration: July 20, 2010

2010 Registration Fees

DIVISION	REG. FEE	GRADES
Junior High	\$ 90.00	7 – 9

Players are assigned to divisions by grade for 2010 - 2011 school year.

If you have any questions with regards to registration, please email: bpspanews@bpspa.org or see any board member.

Registration Fees for all of the age groups include:

- BPSPA overhead costs (i.e. banquet, website, PO Box)
- Insurance for the teams
- Umpire fees
- Uniforms
- Game balls
- League (WPISL) registration fees.

BPSPA 2010 REGISTRATION FORM

SIGNING UP FOR: Junior High (7-9)

PLAYER INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

(____) _____ / _____ / _____

PHONE NUMBER

DATE OF BIRTH

GRADE AS OF 8/31/10

How did you hear about BPSPA? BPTV BP Chronicle School newsletter BPGSA Email School flyer Other: _____

UNIFORM INFORMATION – Please select shirt size (circle one only)

Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

PARENT / GUARDIAN INFORMATION

FATHER'S / GUARDIAN'S NAME

MOTHER'S / GUARDIAN'S NAME

EMAIL ADDRESS of parent/guardian _____

(The BPSPA utilizes email as our means of communication to the membership, we encourage you to provide an email address)

IN CASE OF EMERGENCY CALL: _____ PHONE _____

MEDICAL PROBLEMS OR ALLERGIES: _____

PAYMENT / BPSPA INFO

Registration Fee Enclosed: \$ _____ Check # _____ / Cash

Booster Registration Fee Enclosed (\$10 fee): \$ _____ Check # _____ / Cash

Is parent / guardian interested in volunteering to be a Coach or Assistant Coach of a team? Or serve on a Booster Committee?

COACH / ASSISTANT COACH / COMMITTEE (circle if interested)

PARENTAL AUTHORIZATION / TERMS AND CONDITIONS

I, parent or guardian of the above named candidate for a position on a Bethel Park Slow Pitch Association team, hereby give approval for her participation in any and all league activities during the 2010 season. I realize and understand that my child may be at risk of injury while participating in physical activity. I assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activities, on behalf of my child and myself. It is my specific intent by signature below to hold the Bethel Park Slow Pitch Association, its trustees, officers, agents, organizers, sponsors, supervisors, managers, coaches, participants and persons transporting the players to and from activities, harmless. I further hereby release, waive, absolve, indemnify and forever discharge the Bethel Park Slow Pitch Association, its trustees, officers, agents, organizers, sponsors, supervisors, managers, coaches, participants, and persons transporting the players to and from activities, from any and all liability for any and all injury suffered related to my child's participation or attendance at any activity associated herewith.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I will furnish a certified birth certificate of the above named candidate upon request by league officials.

I understand that all registration fees are final, no refunds will be provided except for medical reasons. A request for refund due to medical reasons shall be in writing and accompanied by a written statement from a medical doctor identifying the problem and verifying the child is unable to participate.

I, parent or guardian, do hereby approve the use of pictures of the above named candidate for use on the BPSPA web site located at www.bpspa.org.

YES NO (Please check one)

I have read and understand the above Parental Authorization/Terms and Conditions, and hereby agree, on behalf of myself and my child, to be bound by the same.

SIGNATURE OF PARENT/GUARDIAN (REQUIRED)

RELATIONSHIP

DATE

Bethel Park Slow Pitch Association

2010 Booster Registration Form

Annual membership dues are \$10.00 per family and entitle you to:

- Be eligible to run for the executive board (after being a member for one year)
- Vote on important issues; including election of the Board
- Serve on a Committee within the Booster organization
- Help to fund the organization, as it is not a school sponsored team

Just complete the form below, sign up for any committees that you would like to help with, and send it and a \$10.00 check to: BPSPA, PO Box 341, Bethel Park, PA 15102

Thank You for Joining!

Booster Sign-up

Player's Name _____ Grade (2010-2011) 7 8 9

School _____

Parent Name(s) _____

Address _____

Phone Number(s) _____

Player/Parents email address(s) _____

I would like to assist or chair the following Committee(s):

Banquet <input type="checkbox"/>	Membership <input type="checkbox"/>
Bylaws <input type="checkbox"/>	Nominating <input type="checkbox"/>
Community Service <input type="checkbox"/>	Other <input type="checkbox"/>
Fields/Concession Stand <input type="checkbox"/>	Publicity / Yearbook <input type="checkbox"/>
Finance & Audit <input type="checkbox"/>	Registration <input type="checkbox"/>
Fundraising <input type="checkbox"/>	Technology / Website <input type="checkbox"/>