



BETHEL PARK SLOW PITCH ASSOCIATION

2011 FALL BALL REGISTRATION

The BPSPA invites all girls interested in participating in the 2011 fall softball season to register. The season begins in September and will involve some local travel.

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

Deadline for registration: July 25, 2011

2011 Registration Fees

DIVISION	REG. FEE	AGE 12/31/10
Elementary/8U	\$ 50.00	8 and under
Middle School/10U	\$ 70.00	9 & 10 yrs old
Middle School/12U	\$ 70.00	11 & 12 yrs old

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).

Players are assigned to divisions by age on December 31, 2010. If the player will be 12 but in 7th grade they have the option of playing Junior High.

If you have any questions with regards to registration, please email: bpspanews@bpspa.org or see any Booster 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/Game Balls
- Uniforms
- League (GPGSL) registration fees
- Family Booster Membership – 1 vote at Booster meetings

BPSPA 2011 REGISTRATION FORM

SIGNING UP FOR:

Middle School (12U)

Middle School (10U)

Elementary (8U)

PLAYER INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

(_____) _____ / _____ / _____

PHONE NUMBER

DATE OF BIRTH

AGE AS OF 12/31/10

UNIFORM INFORMATION – Please select shirt size - Yth Med Yth Lg Adult Small Adult Med Adult Lg

PARENT / GUARDIAN INFORMATION

FATHER'S / GUARDIAN'S NAME _____

MOTHER'S / GUARDIAN'S NAME _____

CELL PHONES/EMAIL ADDRESS of parent/guardian

(The BPSPA utilizes email as our means of communication to the membership – we encourage you to provide a valid email address)

IN CASE OF EMERGENCY CALL: _____ PHONE _____

MEDICAL PROBLEMS OR ALLERGIES: _____

PAYMENT / BPSPA INFO

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

Are you interested in volunteering to Coach a team? COACH / ASSISTANT COACH (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 2011 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