



**BLAWNOX COMMUNITY ASSOCIATION**  
**FALL 2017 YOUTH BASEBALL/SOFTBALL REGISTRATION FORM**  
[www.blawnoxbaseball.org](http://www.blawnoxbaseball.org)

PLAYER INFORMATION			
Player Name: _____	DOB: _____	Age: _____	<b>INDICATE CHILD REGISTRATION ORDER:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup>
Address: _____			
Phone: _____	School: _____		
Shirt Size: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Pant Size: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		

PARENT INFORMATION			
Name: _____	Name: _____		
1 Phone: _____	2 Phone: _____		
Email: _____	Email: _____		
Volunteer* <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Help with family picnic	Volunteer* <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Help with family picnic		
<p><b>*All volunteer coaches are required by law to provide background clearances. Clearance information and directions can be found at <a href="http://keepkidssafe.pa.gov/clearances/">http://keepkidssafe.pa.gov/clearances/</a>. Please provide a copy of your results before the start of the season.</b></p>			

TEAM/PRICING INFORMATION			
T-Ball	<input type="checkbox"/>	4-6 years: \$50.00	\$_____ Multi-sibling discount
Girls Softball SLOWPITCH	<input type="checkbox"/>	6-8 years: \$65.00	<input type="checkbox"/> 13-15 years: \$85.00
	<input type="checkbox"/>	9-10 years: \$70.00	<input type="checkbox"/> 16-18 years: \$85.00
	<input type="checkbox"/>	11-12 years: \$75.00	\$_____ Multi-sibling discount
Girls Softball FASTPITCH	<input type="checkbox"/>	8-10 years: \$75.00	<input type="checkbox"/> 11-12 years: \$85.00
	<input type="checkbox"/>	13-15 years: \$85.00	\$_____ Multi-sibling discount
Boys Baseball	<input type="checkbox"/>	A 7-8 years: \$65.00	<input type="checkbox"/> Pony 13-14 years: \$85.00
	<input type="checkbox"/>	AA 9-10 years: \$70.00	<input type="checkbox"/> Colt 15-17 years: \$85.00
	<input type="checkbox"/>	AAA 11-12 years: \$75.00	\$_____ Multi-sibling discount
<p><b>*Children must play on the team according to their age. ALL exceptions to this policy MUST BE BCA BOARD APPROVED.</b></p> <p><b>**ALL CHILDREN MUST HAVE A COPY OF THEIR BIRTH CERTIFICATE ON FILE***</b></p> <p><b>REGISTRATION DISCOUNTS</b></p> <p>1<sup>st</sup> child FULL price   2<sup>nd</sup> child \$10 off            3<sup>rd</sup> child \$20 off   4<sup>th</sup> child \$30 off            Max limit is 1/2 off a registration fee</p>			

Child Sponsorship:  I would like to make a monetary donation to sponsor a child's registration in the amount of: \$ \_\_\_\_\_

PAYMENT TOTALS			
Make all checks payable to: BCA	Amount Total Paid: \$ _____	Check/Cash	Check # _____

*Concession Stand:*

We are fortunate enough to have a concession stand to raise funds for our teams. It is REQUIRED that one parent/guardian for each child work at a minimum of one game per season. Head coaches will distribute sign-up sheets for each team. You will be assigned a date at random if no response from you is given. All proceeds from the concession stand go directly to the league.

In consideration of participating in the Blawnox Community Association (BCA), I represent that I understand the nature of the Activity and that my child is in good health and proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury including permanent disability, paralysis and death; which may be caused by my own actions, or inactions. I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my child's participation. I hereby release, discharge and covenant not to sue the BCA, the BCA's officers and volunteers from all liability, litigation expenses, attorney fees, and damage which may result from such a claim.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_