



Bloomingtondale Baseball & Softball Association Player Registration

PO Box 89 Bloomingtondale, IL 60108

LATE REGISTRATION Please Fax to (630) 786-3136



Player's Last Name: _____ Player's First Name: _____ Ph: _____

Address: _____ City: _____ Zip: _____

Date of Birth(MM/DD/YY): _____ Email: _____

BOY
GIRL

I am interested in volunteering for: Manager Coach Sponsor Commissioner Picture Day Volunteer
 Opening Day Volunteer All-Star Weekend Volunteer Field Checker Equipment Process Board Member

WAIVER: I/We, the parents/guardian of the above named child, hereby give my/our approval to his/her participation in any and all of the activities of the Bloomingtondale Baseball and Softball Association during the current season. I/We assume all risks incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve from indemnity and hold blameless the Bloomingtondale Baseball and Softball Association, LLC, the organizers, the board of governors, the sponsors and the supervisors, and all of them, in case of injury to my/our child. I/We hereby waive all claims against the organizers, the board of governors, the sponsors, or any supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We understand that per Article IV Section 3 of the BBSA by-laws "The Board of Governors, by quorum vote, shall have the authority to suspend any member where conduct is considered detrimental to the league. Any suspension constitutes forfeiture of any monies paid to the BBSA". This misconduct and subsequent suspension from attending future games applies to every coach, player, player's relatives and friends. I/We will communicate this policy to all relatives and friends of the player listed above. I/We will furnish a birth certificate for the above named player upon request of League Officials. Registration fee refunds schedule: 100% prior to draft week; 50% prior to uniform distribution; and no refund thereafter.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

BBSA USE ONLY BELOW

Score 6 Station: Has parent/guardian attended a meeting in the past? YES NO

Candy Fundraiser: ***CANDY HAS BEEN SOLD OUT***

Donation/Buyout (\$50)

Prepayment (\$75)

Deferred Payment (\$80)

Player's League Age: _____ League: _____

Returning Player: YES NO

BirthCert Verified: YES NO N/A P.A. Initials _____

C.B.C. Filed: YES NO P.A. Initials _____

Notes (e.g., health consideration, etc): _____

| | |
|--------------------------|-----------------|
| Registration Fee: | \$ _____ |
| Non-District Fee: | \$ _____ |
| Late Fee: | \$ 0 |
| Clinic Fee: | \$ 0 |
| Spirit Wear: | \$ _____ |
| Candy Fee: | \$ 50 |
| Other: (<i>flyers</i>) | \$ _____ |
| Total: | \$ _____ |

Multiple Players: _____ of _____

Payment Type: Cash/Charge/Check# _____

CREDIT CARD PAYMENT INFO

Please circle one:

Name on Card: _____

VISA

Card Number: _____

MASTERCARD

Expiration Date: _____

DISCOVER

CCV: _____ Zip Code: _____

AMERICAN EXPRESS