

Check# \_\_\_\_\_  
Amount paid \_\_\_\_\_

**2020 Beresford Baseball/Softball Association  
8U Softball Program**

Player Name \_\_\_\_\_

Age after January 1, 2020 \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/guardian(s) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Additional Parent/guardian/s \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Local emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ Recreational Girls softball 6-7 yrs. old (Coaches pitch) COST: \$40  
\*\*\*we will have this only if we have over 10 girls signed up.

\_\_\_ Traveling competitive 8U Softball 7-8 yrs. old (Coaches pitch)- will compete and travel to other communities (must have parent coaches volunteer to coach this team. If we do not have enough children or coaches, we will not travel)

COST:                    \$100 if registered by March 16  
                              \$130 if registered between March 17 and March 31  
                              \$150 if registered after March 31

Drop in school office or mail to 305 west Oak c/o PRCE

As a Parent I am Interested in helping coach 8U                    Yes \_\_\_\_\_ No \_\_\_\_\_

Checks payable to "BBSA"

Player Jersey Size:

Youth sizes:   \_\_\_ Small                   \_\_\_ Medium                   \_\_\_ Large

Adult sizes:   \_\_\_ Small                   \_\_\_ Medium                   \_\_\_ Large

Grants: Financial need grants are available. If you are unable to afford the fee, please visit with the Director and fill out a short, confidential form for your grant. No one will be turned away.

The Beresford Baseball/Softball Association, in making this recreational activity available for the participation of your child, assumes no responsibility for injury. The responsibility for injury is assumed entirely by the participant and/or the parent or guardian. Participants in recreational activities are not covered by any special insurance coverage. Therefore, participants should have adequate insurance coverage. I ACCEPT THE RESPONSIBILITY AS STATED ABOVE.

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

Thank you,

The Beresford Baseball/Softball Association Board of Volunteers