

Check# _____

9U-12U Baseball

Amount paid _____

2020 Beresford Baseball/Softball Association Midget Baseball Program

The goal of the baseball program is to learn and compete using the fundamentals of throwing, running, catching, hitting and the thrill of competition. Team effort will be stressed.

Cost for the program is payable to "BBSA". This covers league dues, uniforms, equipment, field upgrades and umpires for your children's games and practices.

Cost: \$125 if registered by March 21
\$155 if registered between March 21 and March 31
\$175 if registered after March 31

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.

Drop in school office or mail to: Beresford PRCE, 305 W. Oak St. Beresford, SD 57004

Players Name _____ Age Prior to January 1, 2021 _____

Date of Birth _____

Parent/guardian/s _____ email _____

Address _____ Cell Number _____

Additional Parent/guardian/s _____ email _____

Address _____ Cell Number _____

Local Emergency Contact: _____ Cell Number: _____

SHIRT SIZE- YOUTH: SM ___ MED ___ LRG ___ ADULT: SM ___ MED ___ LRG ___

The age cutoff date is January 1st of the current year. Your child's age on this date.

Must be 12 or under on January 1st of the current year to be on 11 & 12 year old teams.

Must be 10 or under on January 1st of the current year to be on 9 & 10 year old teams

My son qualifies as a:

_____ 9yr. old _____ 10yr. old _____ 11yr. old _____ 12 yr. old

I am willing to serve as a Coach or Assistant Coach for the team.

_____ Yes _____ No

The Beresford Baseball/Softball Association, in making this recreational activity available for the participation of your child, assume 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: _____

Signature: _____

Date: _____

Thank you..... The Beresford Baseball/Softball Association Board of Volunteers