

BPAA Baseball Registration Form



Registration Date: ___/___/2012

Registration Number: _____

Birth Certificate Verified: _____

Utility Bill Verified For This Season: Yes / No

Vol. Check _____

First Name: _____ Last Name: _____ Birthdate: _____

Parents Name(s): _____ Age on May 1: _____

Address: _____ School: _____

_____, MN _____ Park: _____

Phone Number: _____ Alt Phone Nbr: _____

e-mail: _____

YES / NO Are there any special needs (accessibility or physical/health related - NOT car pooling, team placement, or coaching preferences) required by the participant or any family member that the program needs to be made aware of ?

Please describe, or let us know if you would like to be contacted by a BPAA Representative concerning the particular need.

Indemnification Statement - I agree that my child is assuming the risks involved by enrolling in the BPAA program. If the BPAA, it's coaches, and/or other personnel encounter personal expenses because of my child's injury, I agree to indemnify that loss.

Insurance Statement: I understand the BPAA does not carry insurance on participants in this program and that it is my responsibility to provide such coverage.

I have read the above paragraphs and understand their contents:

Messages:

___/___#Na

Signature of Parent or Legal Guardian

Parents: BPAA is an all-volunteer organization serving hundreds of youth in each sport. All parents and guardians of children participating are expected to donate some time, however small to the program. Please check one of the following. Thank You!

Make checks payable to B.P.A.A.

Coach: Assistant Coach: Commissioner:
Other: _____

Prior Year Registration Information		
Last Year	2 Years Ago	3 Years Ago

	Registration Fee	Late Fee applies after final registration session - Feb 21	
<input type="checkbox"/> 7 Year Old League	\$55	\$55	
<input type="checkbox"/> 8 Year Old League	\$70	\$85	
<input type="checkbox"/> 9-10 National League	\$90	\$105	American Leagues include tryout and league upgrade fees, that will be partially (\$10) refunded if not placed in that league.
<input type="checkbox"/> 9-10 American League	\$120	\$135	
<input type="checkbox"/> 11-12 National League	\$90	\$135	
<input type="checkbox"/> 11-12 American League	\$120	\$135	Traveling Teams require additional fees and extra player parent commitment.
<input type="checkbox"/> 9U Traveling	\$120	\$135	
<input type="checkbox"/> 10 Year Old Traveling	\$120	\$135	
<input type="checkbox"/> 11 Year Old Traveling	\$120	\$135	
<input type="checkbox"/> 12 Year Old Traveling	\$120	\$135	

If you have any questions please see <http://www.bpaasports.org/Baseball/registration.html>

Paid: (cash/check/other) Check # _____

All mail in registrations must be received
NO LATER THAN FEB. 20, 2012. Mail to:
B.P.A.A. Baseball
P.O.Box 43206
Brooklyn Park, MN 55443

\$100 Volunteer Hour Deposit
Include a separate check for each player, marked by age group and name.