

REGISTRATION FOR B.A.S.A. GIRLS SOFTBALL

- ☞ Please print and fill out completely.
- ☞ Be sure to fill in **SECTIONS A** and **B** of the registration form completely.
- ☞ Parent/Guardian **MUST** sign permission, medical authorization and release.

NO REFUNDS

Returning Player? Yes No **Section A — PARTICIPANT INFORMATION**

Last Name	First Name	High School you will attend
Age as of January 1, 2008 (current year) _____ Birth date ____/____/____		ALL 9-10, 11-12, 13-15 players must be rated REGISTRATION DATES AND TIMES <u>Saturday, January 12th 9:00AM-12:00PM</u> <u>Sunday, January 13th 9:00AM-12:00PM</u> <u>Wednesday, January 16th 6PM-8:00PM</u> <u>Saturday January 19th 9:00AM-12:00PM</u> <u>Sunday January 20th 9:00AM-12:00PM</u>
Name of School	Grade	Age Division: 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11-12 <input type="checkbox"/> 13-15

Section B — PARENT/GUARDIAN INFORMATION

Last Name	First Name	Home Phone #
Street Address	Dad Cell #	Mom Cell #
City	State	Zip
Emergency Phone #		
Other Parent Information:		

Section C — PARTICIPATION COST

6U \$80.00 per player. \$100 per player all other ages.	\$200 (2) players, \$250 maximum per household.	Fee covers uniform, pictures, insurance, umpires, field usage, and soda after each game.
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Section D — MEDICAL AUTHORIZATION

AUTHORIZATION TO TREAT A MINOR: I/we the undersigned parent/guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent/Guardian Signature _____ Date _____

Section E — AGREEMENT, WAIVER AND RELEASE

I/we understand that the risks involved in participation in the above activity(ies) for which I/we are registering and in consideration for being permitted by the Bakersfield Amateur Softball Association (B.A.S.A.) To participate in the above activity(ies), I/we hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity(ies). This release is intended to discharge in advance the B.A.S.A. (Its officers, and/or officials, employees, volunteers and agent(s)) from any and all liability arising out of or connected in any way with my participation in said activity(ies), even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity(ies) involves an element of risk and danger of accidents and knowing those risks, I/we hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons and entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity(ies). **PARENTAL CONSENT: (MUST be completed and signed by parent/guardian if applicant is under 18 years of age.)** I/we hereby consent that my/our daughter participate in the above activity(ies) and I/we hereby execute the above Agreement, Waiver, and Release on her behalf. I/we state that said minor is physically able to participate in said activity(ies). I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity(ies). **I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BAKERSFIELD AMATEUR SOFTBALL ASSOCIATION (B.A.S.A.) AND I SIGN IT OF MY FREE WILL.**

Parent/Guardian Signature _____ Date _____

Printed Name of Parent/Guardian _____

① NO SPECIAL REQUESTS. ② 20% OF YOUR REGISTRATION FEE MAY BE USED TO FUND ALL STAR TEAMS. ③ NO REFUNDS. ④ <u>ALL</u> 9-10, 11-12, 13-15 GIRLS MUST BE RATED. ⑤ SPACE IS LIMITED. RETURNING B.A.S.A. PLAYERS WILL RECEIVE PRIORITY.	FOR OFFICE USE ONLY Check # _____ Amount \$ _____ Date _____ Rec'd by _____
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If you have any questions regarding the league, or registration, please contact 392-2061.

www.basagirlssoftball.com

◆ ALL 9-10, 11-12, 13-15 GIRLS MUST BE RATED ◆