

# Bridgeville Athletic Association

## 2019 Baseball & Softball Registration



[www.bridgevilleball.com](http://www.bridgevilleball.com)

**ROSTER SPOTS WILL BE RESERVED ON A "FIRST COME, FIRST SERVED" BASIS!! ONCE A TEAM IS FILLED, NEXT IN LINE WILL BE ON A WAITING LIST TO FILL THE NEXT TEAM.**

**Where:** Bridgeville Municipal Building

**When:** Saturday, January 12<sup>th</sup>, 2019      10AM – 1PM  
Thursday, January 17<sup>th</sup>, 2019      6PM – 8PM  
Saturday, January 26<sup>th</sup>, 2019      10AM – 1PM

Category	Ages	Registration Fee*
Pre T-Ball / T-Ball	3-4 / 5-6	\$70.00
Girls Slow Pitch Softball*	7-8	\$110.00
Girls Fast Pitch Softball*	9-12	\$110.00
Boys Baseball*	7-8 / 9-10 / 11-12	\$110.00
Boys Baseball (Pony)*	13-14	\$135.00
Boys Baseball (Colt)	15-16	\$140.00
Boys Baseball (Super Colt)	17-19	\$175.00

\*Includes mandatory Super Bingo Ticket (\$25) – and mandatory BAA Household Membership (\$5).  
(Please bring Birth Certificates to Registration)

The BAA is able to accept payment through MasterCard and Visa.



**\*INDOOR CLINICS** are included in the fee. Offered from February thru March for ALL BAA MEMBERS between the AGES OF 7 & 14

Sponsored by the BAA & C-SIDE SPORTS

Tim Efthimiades at (412) 758-8152 or Dave Potanko at (412) 477-5400 or by email at [baa@bridgevilleball.com](mailto:baa@bridgevilleball.com)

**\*\* See Reverse Side for Registration Form \*\***

**NO ADDITIONAL CHARGES FOR NON-RESIDENT PLAYERS !!**

Have spikes or a glove that your child doesn't use anymore?  
If they are in good shape, bring them with you to registration.  
The BAA will be collecting and sharing used equipment with families that may have a need for it!



# Bridgeville Athletic Association

PO Box 91, Bridgeville PA 15017

## 2019 Spring Season Registration Form

1 Player per Form (Use Ink - Please Print)



www.bridgevilleball.com

Player Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (MM/DD/YYYY)

Address: \_\_\_\_\_ BAA Initials: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Age on Jan 1, 2019 (Girls) / August 31, 2019 (Boys): \_\_\_\_\_

Same address as last year? Y or N (Circle One) School District: CV / Other \_\_\_\_\_ League: \_\_\_\_\_ (for BAA use only)

Health Restrictions: \_\_\_\_\_

Emergency Contact (not at residence): \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Shirt Size (Circle One): YS YM YL AS AM AL AXL AXXL Pant Size (Circle One): YS YM YL AS AM AL AXL AXXL

Preferred Coach (Pre-T & T-Ball Only): \_\_\_\_\_ Preferred Teammates (Pre-T & T-Ball Only): \_\_\_\_\_

Desired Shirt Number	
1st: _____	2nd: _____

### Parent/Guardian Information

**Mother's Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Are you interested in:** \_\_\_\_\_ **Manager** \_\_\_\_\_ **Coach?** (PA / FED Clearances Required)

**Father's Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Are you interested in:** \_\_\_\_\_ **Manager** \_\_\_\_\_ **Coach?** (PA / FED Clearances Required)

Registration Fee:			
(Includes \$25 Super Bingo Ticket and BAA Membership)	Pre T-Ball / T-Ball	\$70	Ages 3-4 / 5-6
	Girls Slow Pitch (Coach Pitch) Softball*	\$110	Ages 7-8
	Girls Fast Pitch Softball*	\$110	Ages 9-12
	Boys (Coach Pitch) Baseball*	\$110	Ages 7-8
	Boys Baseball*	\$110	Ages 9-12
	Pony Baseball*	\$135	Ages 13-14
	Colt Baseball	\$140	Ages 15-16
	Super Colt Baseball	\$175	Ages 17-19

\*Pre-Season Clinics: Included \$15 (Already Included for ages 7 thru 14 - INDOOR Clinics prior to season at C-Side Sports)

Discounts: (-\$20) Discount for Families with 3 or more children registered with the BAA

(-\$25) Discount for each **FIRST-TIME** Company Recruited to Sponsor a Team or Sign

\$5 Credit Card Usage Fee

Late Registration: \$20 Late Registration (After 2/18/19)

**TOTAL:** **\*\* Note - No Registrations will be accepted after March 3, 2019 \*\***

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**- SELECT ONE OPTION BELOW & PROVIDE SEPARATE CHECK -**

Concession Stand Opt-Out Fee: \_\_\_\_\_ \$100 (PER PLAYER) - BAA WILL CASH CHECK NOW & NO CONCESSION STAND WORK REQUIRED

Concession Stand Holder Fee: \_\_\_\_\_ \$100 (PER PLAYER and covers 2 Shifts in the Stand) - If you work, your check WILL NOT be cashed

**\*\* The BAA does not want your money, we NEED your time.**

The Bridgeville Athletic Association (BAA) requires that all participants have adequate insurance coverage in order to participate in any BAA activities. The BAA does not provide insurance protection against injury or accident. The BAA does not provide medical or hospitalization coverage with regard to any child's participation in any practice, game, or other BAA sponsored activity. I, the parent/guardian of the above-named participant, will provide adequate health insurance and assume all the risks and hazards involved with and incidental to the conduct of BAA activities and transportation to/from BAA activities. Furthermore, I hereby release, absolve, indemnify and hold harmless the BAA, its organizers, its sponsors, and any of its supervisors. Registration only covers a portion of the cost needed to produce a season, therefore, I understand that participation in the Super Bingo fundraiser is required. I, the parent/guardian, will furnish upon request of any BAA official, the certified birth certificate of the above-named child. In accordance with all of the above, I hereby give my consent for the above-named child to participate in all athletic activities relating to the baseball/softball season. I, the parent/guardian, grant the BAA permission to use photos of the above-named child in the BAA publication, "Play Ball", and on the BAA website and hereby release the BAA from all liabilities that may arise from using such images.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BAA Use Only:**

Payment Method: \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

This year the BAA will be able to accept payment through MC & Visa for a small donation.

Date of PA ACT 153 Clearance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PA ACT 34 Req'd? Y or N \_\_\_\_\_

PA Child Abuse Clearance Req'd? Y or N \_\_\_\_\_

Federal Fingerprints Req'd? Y or Waiver \_\_\_\_\_

Code of Conduct Signed? Y or N \_\_\_\_\_

Mother / Father (Circle One) \_\_\_\_\_

Mother / Father (Circle One) \_\_\_\_\_

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Mother / Father (Circle One) \_\_\_\_\_

BAA Initials: \_\_\_\_\_ Date: \_\_\_\_\_