



2019 Fall Ball Softball League

PLAY BALL IN THE FALL

Player Name: _____ Birth Date: __/__/__ Age: ____ Grade as of Aug 2019: _____

Street Address: _____ City: _____ Zip: _____ School: _____

Parent's Name: _____ Cell Phone: _____ Email: _____

Parent's Name: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Shirt Size (circle one size only): Child size: S M L Adult Size: S M L XL

(SOCKS, VISORS AND NICE JERSEYS (not t-shirts) ARE PROVIDED in addition to a minimum of 12 games EXCEPT for coach pitch & rain outs)

TEAMS ARE FORMED BY THE SCHOOL ATTENDED OR GEOGRAPHIC LOCATION. IF THE PLAYER WOULD LIKE TO PLAY WITH A SPECIFIC INDIVIDUAL(S), WITH A COACH OR WITH A TEAM, PLEASE LIST BELOW. (WE WILL TRY TO PLACE EVERYONE ON THE TEAM THEY WANT TO BE ON, BUT CANNOT GUARANTEE TEAM PLACEMENT) **NAME:** _____

Parental Permission to play/waiver

I, the parent or guardian of the above applicant, gives approval to my child's participation in all activities of the softball program. I assume all risk and hazards incidental to such participation including transportation to and from all activities.

I, the parent do hereby waive, release, absolve, indemnify, and agree to hold harmless Fall Middle School League, BVGSA and IPGSA or the organizers, coaches, sponsors, officials, supervisors, other participants, and appointed persons coach participation, except to the extent and amount covered by accident and/or liability insurance held by BVGSA, IPGSA and/or the Fall Ball Middle School League.

Transporting my child to or from program activities or any claims arising out of injury my child incidental to such participation, except to the extent and amount covered by accident and/or liability insurance held by IPGSA, BVGSA or Fall Ball Softball.

I, the parent further agree that in my absence, the designated league officers, and/or team coaches shall have authority to take action, as deemed necessary, to provide or render immediate medical attention to the above named applicant due to sudden illness or injury incidental to, or occurring during her participation.

I, the parent or guardian agrees to pay the registration fee, to adhere to league rules, give permission for photos to be taken and/or to be used for IPGSA publications such as the Program Book and Web Site, to return in good condition any equipment issued to my child, and to furnish, if requested, a certificate of birth for my child to BVGSA, IPGSA or FBMSL.

Parent's or Guardian's Name: _____

Parent's or Guardian's Signature: _____ Date: _____

Verified by League Agent: _____ Date: _____

Please check one: Please visit fallsoftball.org for Division/Age descriptions. Scholarships available. FB uses Age exceptions.

"C" RECREATIONAL

- Coach-Pitch \$95 (must not be 9 before 1.1.20)
- 10U \$140 (must not be 11 before 1.1.20)
- 12U \$140 (must not be 13 before 1.1.20)
- 14U \$175 (must not be 15 before 1.1.20. Higher level requires 2 ump)

"B" MODIFIED COMPETITIVE Higher level requires 2 ump

- 12U \$175 (must not be 13 before 1.1.20)
- 14U \$175 (must not be 15 before 1.1.20)

"A" COMPETITIVE Higher level requires 2 ump

- 10U \$140 (must not be 11 before 1.1.20)(only 1 ump)
- 12U \$175 (must not be 13 before 1.1.20)
- 14U \$175 (must not be 15 before 1.1.20)

Registration is due by August 15th, 2019

Registrations received after that date will be accepted only if there is space.

Make checks payable to: BVGSA Mail application and check to: BVGSA P.O. BOX 20192 BOULDER CO 80308-3192