# **CBAA Softball Registration**

PLAYERS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S CHOOL ATTENDING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-SHIRT SIZE (circle one) Youth S M L Adult S M L XL XXL

PANT SIZE (circle one) Youth S M L Adult S M L XL XXL

LEVEL OF PLAY – BASED ON PLAYERS AGE AS OF JANUARY 1 (check one)

\_\_\_\_ 8 & UNDER SOFTBALL \_\_\_\_10 & UNDER SOFTBALL

\_\_\_\_ 12 & UNDER SOFTBALL \_\_\_\_ 14 & UNDER SOFTBALL

FATHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_ CELL #\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Method of Contact: Phone\_\_\_\_\_\_ Text\_\_\_\_\_\_ E-mail\_\_\_\_\_**

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_ CELL #\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Method of Contact: Phone\_\_\_\_\_\_ Text\_\_\_\_\_\_ E-mail\_\_\_\_\_**

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH CONCERNS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# PARENTS: CHECK WERE YOU WOULD BE WILLING TO HELP

\_\_\_\_ COACH \_\_\_\_ TEAM PARENT \_\_\_\_ CONCESSION STAND

\_\_\_\_ FUNDRAISERS \_\_\_\_ FIELD MAINTENANCE \_\_\_\_ UMPIRE

I hereby consent for my child to participate in programs sponsored by the Columbia Boy’s Athletic Association. I agree that my child and I will comply with the rules and regulations of the CBAA and understand that failure to do so would result in the loss of privileges of participating in CBAA programs. I understand that injury can be sustained while playing and hereby release the CBAA, officers, directors and coaches from any injuries that my child may sustain.

PARENT/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_/\_\_\_\_/\_\_\_\_\_

**I have read and understand the CBAA Registration Refund Policy** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian**

**Paid in Full\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraiser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Board Member Signature Signature of Parent or Guardian**