BERLIN BASEBALL ASSOCIATION
SPRING 2010 REGISTRATION

PLAYER INFORMATION: **(please fill out Medical Release information on back)**

Last Name: _____ First Name: _____ MI: _____ Gender: M / F

Address: _____ City: _____ State: ___ ZIP: _____ Date of Birth: _____

Home Phone Number: _____

Baseball Preference (Circle One): T-Ball (5 to 7) Coach Pitch (7 to 9) Minor (8 to 11) Major (9 to 12)

****Baseball is open to boys and girls ages 5 to 12, based on their age as of April 30, 2010. Proof of age and Berlin residency will be requested later in the spring.****

Mother's Name: _____ Father's Name: _____

Mother's Contact Number: _____ Father's Contact Number: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

E-Mail Address(s): _____

RELEASE:

I, the parent or legal guardian of the above named child, hereby give my approval for his/her participation in activities connected with the Berlin Baseball Association, chartered through Little League Baseball Incorporated. I know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless local Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claims arising out of injury to my/our child whether the result of negligence or for any other reason.

Printed Name: _____ Signature: _____

REGISTRATION FEE: **The fee is $60 for the first player in each family, and $50 for each additional player. Please make checks payable to *Berlin Baseball Association*.**

REGISTRATION DEADLINE: **January 22, 2010 – A $5.00 per player late fee will be assessed after the deadline date and late registrations will be accepted on a space available basis only.**

ASSESSMENT DAY: **February 6, 2010 - Players are assessed to determine the number of teams that can be successfully fielded at each level. You will be notified of details of Assessment Day by email after you have registered.**

VOLUNTEERS: We always need managers, coaches, and practice-helpers. Please give your name and circle the position for which you want to volunteer, and if you have more than one child registered, state which child's team you are volunteering. **We are in need of coaches and helpers for the 2010 season.**

***Team elimination will occur without parent volunteers*:** **Please circle below**

Coach Assistant Coach Where Needed

Name:_____

Snack Shack: **The Snack Shack has proven to be an important source of revenue for our league. Without it, our registration fees would need to increase to meet our expenses. Once we have our schedule set we will ask that you sign up to cover at least one game night per family. It does not need to be the night of your child's game.**

Please mail Registration/Medical Release Form with Payment to:
BBA c/o Stephanie Russell – 76 Allen Rd. – Berlin, MA 01503
Questions? Please contact Stephanie at stephrussell@charter.net
Get schedules, rules, news & events at our website at www.townofberlin.com/baseball