

BETHEL PARK GIRLS SOFTBALL ASSOCIATION 2017 REGISTRATION

Mail the completed form with payment to:

Bethel Park Girls Softball Association, P.O. Box 264, Bethel Park, PA 15102

Attend an onsite registration session at the Bethel Park Community Center:

Sunday, February 12th, 1:00PM to 3:00PM
Wednesday, February 15th, 7:00PM to 9:00PM
Saturday, February 18th, 9:30AM to 12:30PM

Payment due at time of registration (cash and check accepted) -- Make checks payable to "BPGSA"

Registrations received after February 19th are subject to space availability.

2017 Registration Fees:

<u>Slow-Pitch</u>				<u>Fast-Pitch</u>		
DIVISION	REG. FEE*	AGE BRACKET		DIVISION	REG. FEE*	AGE BRACKET
Tee Ball	\$45.00	5-6		10U	\$85.00	10u
Instructional	\$60.00	7-8		12U	\$90.00	11-12
Freshman	\$80.00	9-10		15U	\$115.00	13-15
Sophomore	\$85.00	11-12		18U	\$115.00	16-18
Junior	\$85.00	13-15				
Senior	\$85.00	16-18				

Players are assigned to divisions by age as of December 31, 2016 – NO EXCEPTIONS

New players must present proof of age.

IMPORTANT ANNOUNCEMENTS:

The BPGSA continues to experience a shortage of volunteers to perform necessary tasks that ensure the continued success of the league. We no longer have a duty fee requirement, but encourage your participation in the volunteer opportunities that are presented every season.

BPGSA Code of Conduct for Parents/Guardians

Please read and understand the following 13 items:

1. I (and my guests) will conduct myself responsibly at all practices and games.
2. I will remember that the game is about the players and not the parents.
3. I will be a positive role model at all times and promote good sportsmanship by showing respect and courtesy to all players, coaches, game officials and other spectators throughout every event.
4. I will teach my child to play by the rules and to resolve conflict without resorting to hostility or violence.
5. I will, and also demand that my child will treat other players, coaches, game officials and spectators with respect at all times.
6. I will discourage any behavior or actions that would endanger the health and well-being of any player.
7. I will not condone the use of drugs, alcohol, or tobacco products by any player at any time.
8. I (and my guests) will not smoke within at least 50 feet of any playing field or practice facility during games or practices.
9. I will place the emotional and physical well-being of the players ahead of my personal desire to win.
10. I will never publicly ridicule or chastise my child, other players, other spectators, any coaches, or game officials.
11. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any player, coach, game official, or spectators. This includes abusive language or gestures directed at any of the above named persons.
12. I will refrain from coaching my child or other players during practices or games. I acknowledge that only persons with proper clearances are permitted on the field, bench or dugout during practices or games.
13. I understand that if I am ejected from a game by an umpire I may be requested not to attend future BPGSA events.

Parent/Guardian Signature: _____ Date: _____

Email: registration@bpgsa.org or see any board member with questions regarding registration

BPGSA 2017 REGISTRATION FORM

SLOW-PITCH FAST-PITCH (Played 2016 Spring Fast Pitch ____ Y ____ N) CHECK IF NEW TO BPGSA:

PLAYER INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

(____) _____ / _____ / _____

PHONE NUMBER

DATE OF BIRTH

AGE AS OF 12/31/15

UNIFORM INFORMATION – Please select shirt size (circle one only)

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

FATHER'S NAME & CELL PHONE NUMBER _____

MOTHER'S NAME & CELL PHONE NUMBER _____

Are parent / guardian interested in volunteering to manage or coach a team? MANAGE / COACH (circle if interested)

EMAIL ADDRESS of parent/guardian _____

(The BPGSA utilizes email as our means of communication to the membership – we encourage you provide a valid email address)

IN CASE OF EMERGENCY CALL: _____ PHONE _____

MEDICAL PROBLEMS OR ALLERGIES: _____

REQUESTS: _____

*Due to the manner in which teams are formed, requests other than siblings being placed on the same team are honored for Tee Ball and Instructional Divisions **ONLY** and must be made by all parties involved to be considered.

PAYMENT / BPGSA INFO

Registration Fee Enclosed: \$ _____ Check # _____ / Cash

PARENTAL AUTHORIZATION / TERMS AND CONDITIONS

I, parent or guardian of the above named candidate for a position on a Bethel Park Girls Softball Association team, hereby given approval for her participation in any and all league activities during the 2016 season. I realize and understand that my child may be at risk of injury while participating in physical activity. I assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activities, on behalf of my child and myself. It is my specific intent by signature below to hold the Bethel Park Girls Softball Association, its trustees, officers, agents, organizers, sponsors, supervisors, managers, coaches, participants and persons transporting the players to and from activities, harmless. I further hereby release, waive, absolve, indemnify and forever discharge the Bethel Park Girls Softball Association, its trustees, officers, agents, organizers, sponsors, supervisors, managers, coaches, participants, and persons transporting the players to and from activities, from any and all liability for any and all injury suffered related to my child's participation or attendance at any activity associated herewith.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I will furnish a certified birth certificate of the above named candidate upon request by league officials.

I understand that all registration fees are final, no refunds will be provided except for medical reasons. A request for refund due to medical reasons shall be in writing and accompanied by a written statement from a medical doctor identifying the problem and verifying the child is unable to participate.

I, parent or guardian, do hereby approve the use of pictures of the above named candidate for use on the BPGSA web site located at www.bpgsa.org.

YES NO (Please check one)

I have read and understand the above Parental Authorization/Terms and Conditions, and hereby agree, on behalf of myself and my child, to be bound by the same.

SIGNATURE OF PARENT/GUARDIAN (REQUIRED)

RELATIONSHIP

DATE