



SPRING T-BALL

# Bunker Hill Sports Association

www.bhsasports.com  
bhsasports145@gmail.com



## PLAYER INFORMATION:

Name: \_\_\_\_\_ MALE  FEMALE

Address: \_\_\_\_\_ City: \_\_\_\_\_

\*\*Best means of contact: \_\_\_TEXT \_\_\_ E-MAIL \*\*BHSA uses e-mail and/or text messages as its main means of contact

DOB: \_\_\_\_\_ Age as of May 1st: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

please print clearly

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Cell Company: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Cell Company: \_\_\_\_\_

Please list any medical issues / allergies: \_\_\_\_\_

Emergency Contact (other than parent) : \_\_\_\_\_ Phone #: \_\_\_\_\_

### T-BALL

T-Ball (4-6yrs old)

### SHIRT SIZE

YOUTH: S M L

ADULT: S M L XL

circle one

**Parental Support: Please indicate any area for which you would be willing to help with**

Coach

Assistant Coach

### EXCULPATORY CLAUSE

I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of BHSA. Recognizing the possibility of injury associated with BASEBALL I hereby release, discharge and/or otherwise indemnify the BHSA and associated personnel, including but not limited to, the coaches, assistants, the owners of the fields and facilities used for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I also hereby consent to use of photographs by BHSA.

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### MEDICAL AUTHORIZATION CONSENT

As the legal parent / guardian of the registrant who is a minor, I hereby give consent for emergency medical care to be administered by a duty licensed Medical Doctor. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my minor dependent.

### \*\*NOTES

**\*\*BHSA will do its best to honor requests, no guarantees**

### \*FEES

- \$50 First Player
- \$40 Second Player (of the same family)
- \$30 Third Player (of the same family)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_

Registration fee is NOT tax deductible

!!!THANK YOU for YOUR REGISTRATION!!!

02-16-2022