



BRIGHTON HEIGHTS ATHLETIC ASSOCIATION

2021 Teeball Registration Form

Co-ed Teeball (ages 4-6) \$60 + \$20 concessions fee

Player 1:	Gender:	Birthdate:	April 30 Age:
Player 2:	Gender:	Birthdate:	April 30 Age:
Address		City:	Zip Code:
Home Phone:		Cell Phone:	
Guardian 1:		Relationship to Child:	
Guardian 2:		Relationship to Child:	
E-Mail Address:			
Medical Concerns/Personal Notes:			

Concession Stand Commitment

Yes, I plan to support BHAA, work the concession stand, and be refunded my \$20 concessions fee.

No, I do not wish to work the concession stand and hereby forfeit my \$20 fee.

What Role Can Your Family Play?

BHAA is a completely volunteer organization. Please help however you can!

- Head Coach Assistant Coach Concessions Committee Conduct 50/50 Raffles
 Team Mom (help director communicate with team families)
 Field Set-up (show up early to distribute bases, bats, tees, and helmets to fields)

Player 1

_____ Shirt Size (Youth XS, S, M, L)
_____ Pants Size (Youth XS, S, M, L)

Player 2

_____ Shirt Size (Youth XS, S, M, L)
_____ Pants Size (Youth XS, S, M, L)

Parents Agreement

- I give my child permission to participate in any/all activities associated with baseball/softball/teeball.
- I assume all risks and responsibilities related to participation in this sport, including transportation to and from all activities.
- I waive/release/absolve indemnity and agree to hold harmless Brighton Heights Athletic Association, the organizer, sponsors, supervisors, participants, and persons transporting my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.
- Upon request, I shall return any/all uniform(s) and other equipment issued to my child(ren) during participation in this sport in the condition it was received minus normal wear. If any items issued are lost, I agree to pay for the replacement of the lost item(s).
- I give a Brighton Heights Athletic Association official (manager/coach/other designated official) permission to have my child treated for injury or illness.
- I understand that I will be responsible to payout winner of Lottery ticket holder if I sell the winning ticket and do not return the stub to BHAA.

Signature of Parent/Guardian: _____ Date: _____

Permission to Photograph

Throughout the summer sports season, BHAA will be taking photographs periodically of our teams and players. Some of these images may be used in our newsletter and on our website. By signing below, you authorize us to use images of your child(ren), within the context of summer sports play, for publication. If you do not want images of your child to be published, **DO NOT** sign below.

Signature of Parent/Guardian: _____ Date: _____

BHAA Use Only

Paid: ____ Check No.: _____ Cash: _____ Amount: _____ Players Registered: ____ Birth Certificate(s): ____

Completed form may be mailed, along with copy of child's birth certificate and check or money order (**payable to BHAA**) to:

BHAA c/o Chrissy Daeschner
PO Box 100172
Pittsburgh, PA 15233

Website: www.bhaabaseball.org
E-mail: cdaeschner@msn.com | info@bhaabaseball.org