

## BRIGHTON HEIGHTS ATHLETIC ASSOCIATION 2017 Baseball Registration Form

Farm League (ages 7-8) \$110 + \$20 Junior Little League (ages 9-10) \$110 + \$20 Senior Little League (ages 11-12) \$110 + \$2			
Player 1: Gender:	Birthdate: April 30 Age:		
Player 2: Gender:	Birthdate: April 30 Age:		
Address	City: Zip Code:		
Home Phone: Cell Phone:			
Parent 1: Relationship to Child:			
Parent 2:	Relationship to Child:		
E-Mail Address:			
Health Insurance Co. Policy Number:			
Medical Concerns/Personal Notes:			
Player 1Shirt SizePants Size	Player 2Shirt SizePants Size		
REPLICA JERSEY SIZES	PONY COLT JERSEYS		
SIZES   XS   S   M   L   XL   2XL   3XL	SIZES   XS   S   M   L   XL   2XL   3XL   4XL   CHEST   32   34-36   38-40   42-44   46-48   50-52   54-56   58-60   WAIST   26   28-30   32-34   36-38   40-42   44-46   48-50   52-54   YOUTH   SIZES   XXS   XS   S   M   L   XL   2XL   CHEST   22-24   24-26   26-28   28-30   30-32   32-34   34-36   WAIST   19-21   21-23   23-25   25-27   27-29   29-31   31-33		

Registration Deadline: March 1, 2017

Registrations received after deadline are not guaranteed a uniform size.

## What Role Can Your Family Play?

Head Coach	Assistant Coach	Concessions Committee
Conduct 50/50 Raffles	Umpire	Team Mom
<ul> <li>I assume all risks and responsibilities and from all activities.</li> <li>I waive/release/absolve indemnity at the organizer, sponsors, supervisor result of negligence or for any other covered by accident or liability insur</li> <li>Upon request, I shall return any/all participation in this sport in the conclost, I agree to pay for the replacem</li> <li>I give a Brighton Heights Athletic Aspermission to have my child treated</li> <li>I understand that participation on a appearances.</li> </ul>	es related to participation agree to hold harmles s, participants, and perso cause, except to the externace.  uniform(s) and other equipalition it was received minuent of the lost item(s). Sociation official (manage for injury or illness. regular season team does le to payout winner of Lot	in this sport, including transportation to s Brighton Heights Athletic Association, ns transporting my child, whether the ent and in the amount pment issued to my child(ren) during us normal wear. If any items issued are er/coach/other designated official)
Signature of Parent/Guardian:		Date:
Throughout the summer sports season, players. Some of these images may be	used in our newsletter an I(ren), within the context o	ographs periodically of our teams and don our website. By signing below, you of summer sports play, for publication. If
Signature of Parent/Guardian:		Date:
Paid: Check No.: Cash:	BHAA Use Only	
		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