



BRIGHTON HEIGHTS ATHLETIC ASSOCIATION 2017 Softball Registration Form

8U Instructional (ages 7-8) \$110 + \$20
 10U Slowpitch (ages 9-10) \$110 + \$20
 10U Fastpitch (ages 9-10) \$110 + \$20
 12U Slowpitch (ages 11-12) \$110 + \$20
 12U Fastpitch (ages 11-12) \$110 + \$20

15U Slowpitch (ages 13-15) \$110 + \$20
 15U Fastpitch (ages 13-15) \$110 + \$20
 18U Slowpitch (ages 16-18) \$110 + \$20
 18U Fastpitch (ages 16-18) \$110 + \$20

Player 1:	Gender:	Birthdate:	January 1 Age:
Player 2:	Gender:	Birthdate:	January 1 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 1

Shirt Size Pants Size

Player 2

Shirt Size Pants Size

Registration Deadline: March 1, 2017
 Registrations received after deadline are not guaranteed a uniform size.

SOFTBALL JERSEYS



JERSEY SIZE CHART

LADIES						
SIZES	XS	S	M	L	XL	2XL
	0-2	4-6	8-10	12-14	16-18	20-22
CHEST	32-33	34-35	36-38	39-41	42-44	45-47
WAIST	24½-25½	26½-27½	28½-29½	30½-32	33½-35	36-38
GIRLS						
SIZES	XS	S	M	L		
	4-5	6-8	10-12	14-16		
CHEST	22-24	25-27	28-30	31-33		
WAIST	19-21	21-23	25-25	25-27		

What Role Can Your Family Play?

_____ Head Coach

_____ Assistant Coach

_____ Concessions Committee

_____ Conduct 50/50 Raffles

_____ Umpire

_____ Team Mom

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 participation on a regular season team does not guarantee playoffs or all-star appearances.
- 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