

## BETHEL PARK GIRLS SOFTBALL ASSOCIATION 2012 REGISTRATION

The BPGSA invites all girls interested in participating in the 2012 spring softball season to register.

There are three ways to register your daughter for the 2012 softball season:

*\*In an effort to streamline the registration process, we request you register on-line.\**

- 1) On-Line registration. Go to [www.bpgsa.org](http://www.bpgsa.org) and access the 2012 On-Line registration link  
\*\*\*\*\*Please make sure to submit payment with your on-line registration form or you will NOT be registered\*\*\*\*\*
- 2) Mail in registration. Complete the reverse side of this form and mail it in.
- 3) Attend one of the on-site registration sessions:  
Saturday, February 11<sup>th</sup>, 9:30 AM-12:30 PM in the Classroom, Bethel Park Community Center  
Wednesday, February 15<sup>th</sup>, 7-9 PM in Council Chambers, Bethel Park Municipal Building

Please make your check payable to "B.P.G.S.A." and send it, with the completed form, to:

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

Go to [www.bpgsa.org](http://www.bpgsa.org) & download the registration form.

New players must present proof of age. Payment due at time of registration (cash and checks accepted).

**Registrations received after February 15th will be subject to space availability and a \$10 late fee per registration.**

### 2012 Registration Fees:

<u>Slow-Pitch</u>				<u>Fast-Pitch</u>		
DIVISION	REG. FEE*	AGE BRACKET		DIVISION	REG. FEE*	AGE BRACKET
Tee Ball	\$40.00	5-6		10U	\$80.00	9-10
Instructional	\$45.00	7-8		12U	\$85.00	11-12
Freshman	\$60.00	9-10		15U	\$110.00	13-15
Sophomore	\$65.00	11-12		18U	\$110.00	16-18
Junior	\$65.00	13-15				
Senior	\$70.00	16-18				

**Players are assigned to divisions by age as of December 31, 2011 – NO EXCEPTIONS**

*If you have any questions with regards to registration, please email: [registration@bpgsa.org](mailto:registration@bpgsa.org) or see any board member.*

### 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.

All BPGSA families are asked to participate in our only fundraiser by committing to buy or sell at least two tickets to the BPGSA Social in May. Proceeds from the Social help to keep registration fees at a minimum, purchase new equipment as well as maintain and improve the fields we play on. You can purchase your tickets along with registering your daughter on the attached registration form. For more details go to [www.bpgsa.org](http://www.bpgsa.org).

# BPGSA 2012 REGISTRATION FORM

SLOW-PITCH     FAST-PITCH (Played 2011 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 12/31/11

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

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

Does Player have a sister in the same division that the parent / guardian want to have on the same team?

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

\_\_\_\_\_  
FATHER'S / GUARDIAN'S NAME                      MOTHER'S / GUARDIAN'S NAME

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: \_\_\_\_\_

## PAYMENT / BPGSA INFO

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

Is parent / guardian interested in volunteering to Manage or Coach a team?    MANAGE / COACH    (circle if interested)

BPGSA Social tickets:                      QTY \_\_\_\_\_ X \$25 each=\$ \_\_\_\_\_ 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 give approval for her participation in any and all league activities during the 2012 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](http://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