

**BLACKHAWK FAST PITCH SOFTBALL INC.
LEAGUE REGISTRATION FORM / SPRING 2012**

Player's name (Last, First, M.I.)

Address

Player's home phone number

email address (for ease of communication)

Father's name; home ph. # if different from above

father's cell (optional)

Mother's name; home ph. # if different from above

mother's cell (optional)

Player's age

Birthdate (mm/dd/yy)

T-Shirt Size

Shirt #
2 choices

Circle age group of participation:
8U 10U 12U 15U 18U

I would like to help my daughter's team with the following:

Team Parent **Coaching**

I _____ agree that I and the above registrant will abide by the rules of
(parent/guardian)

Blackhawk Fast Pitch Softball Inc. and the Beaver County Girls Fast Pitch Softball League. Recognizing the Possibility of physical injury associated with softball and in consideration for Blackhawk Fast Pitch Softball Inc. excepting the registrant for its softball program, I hereby indemnify Blackhawk Fast Pitch Softball Inc. , its coaches and sponsors against any injury the registrant may sustain as a result of the participation in the activities of Blackhawk Fast Pitch Softball Inc. Further, I certify that this child has no known previous or existing physical or mental incapacities that would increase the normal risk of injury incurred through her participation in softball activities. I also agree to participate in mandatory fundraising activities.

parent/guardian signature

date

I would like to sponsor a team or I know someone who is interested in sponsoring a team.

Yes or No

Contact name:

Contact phone number:

Spring Registration fee is

→ 8U age group \$35.00
→ All other age groups \$60.00

Circle form of payment: Cash or Check Check # _____ Amount \$ _____

Make checks payable to: Blackhawk Fast Pitch Softball Inc. or B.F.P.S. Inc.

Mail registration, medical forms and check to: Audrey Amalia 305 6th Street, Beaver Falls, PA 15010