



2016 FALL Registration (SATURDAY GAMES) BAY AREA TEXAS BASEBALL

P.O. Box 891352 Houston, TX 77289-1352

www.BayAreaTexasBaseball.com



Amount Paid (this player) \$	Cash <input type="checkbox"/>	Check Number or Card Last 4 #s	Date Registered	Time	League Age (per birthday, NOT per request)	Waiver Requested <input type="checkbox"/>	Division Assigned	Registered by:
LEAGUE USE ONLY								

PLAYER INFORMATION

Player's First Name		M.I.	Last Name	
Street Address			Contact Phone	
City		ZIP	Date of Birth	
Subdivision	School (or Daycare)	Grade	Sex	

TEAM PLACEMENT

Total Years Played (anywhere)	Primary Position(s) Last Year Pit Cat 1st 2nd 3rd SS OF	Allstar Last Spring? YES / NO
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RETURNING PLAYER from SPRING 2016

I want to be placed with the other players from my 2016 spring team?

☐ NO (BATB will select a different team for me.) ☐ YES (This is the default.)

Returning players are permitted to change teams, but cannot specify the new team, coach or teammate. Specific requests will be deleted.

(NOTE: Teams that are combined in fall will not be combined in spring.)

NEW FALL PLAYER to BATB

did not play BATB in spring 2016

(NOTE: You will still be a "new player" in spring 2017.)

I would like to be on a team with a particular player or coach, as identified below.

(BATB will consider, but is not obligated to honor this request.)

How did you find out about our program?

- | | | |
|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> School Flyer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> A Friend |
| <input type="checkbox"/> School Website | <input type="checkbox"/> Magazine | <input type="checkbox"/> Yard Sign |
| <input type="checkbox"/> BATB Website | <input type="checkbox"/> Postcard | <input type="checkbox"/> Other |

Find Proper Division & Fee (based upon League Age)

If Born Between These Dates (inclusive)	LEAGUE AGE is:	Proper BATB Division is:	Fee Is:
May 1, '12 – April 30, '13	4	<input type="checkbox"/> TeeBall 1 (TB1)	\$60
May 1, '11 – April 30, '12	5	<input type="checkbox"/> TeeBall 2 (TB2)	\$80
May 1, '10 – April 30, '11	6	<input type="checkbox"/> Tball/Coach Pitch (TCP)	\$90
May 1, '09 – April 30, '10	7	<input type="checkbox"/> Mach Pitch 1 (MP1)	\$100
May 1, '08 – April 30, '09	8	<input type="checkbox"/> Mach Pitch 2 (MP2)	\$120
May 1, '07 – April 30, '08	9	<input type="checkbox"/> Mach Pitch 3 (MP3)	\$120
May 1, '05 – April 30, '07	10-11	<input type="checkbox"/> 11U [born before 9/07] (11U)	\$130
May 1, '03 – April 30, '05	12-13	<input type="checkbox"/> 13U [born before 9/05] (13U)	\$130
May 1, '01 – April 30, '03	14-15	<input type="checkbox"/> 15U [born before 9/03] (15U)	\$150
May 1, '98 – April 30, '01	16-18	<input type="checkbox"/> 18U [born before 9/01] (18U)	\$150



Check this box if you played on your school baseball team last spring (2016).

☐ AGE WAIVER -- Requests waiver to this age group (____) (must be within 4 months of proper age)

Family Plan: 3 or more players in same household, take 25% off of total.
Example: 3 MP1 players pay \$225.00 (75% of \$300)

Order Uniform (Circle one each)

	YOUTH					ADULT				
Shirt Size	XS	S	M	L		S	M	L	XL	2X 3X
Pants Size	S	M	L	XL	2X	S	M	L	XL	2X 3X
Cap Size	Med (~age 3-10)					Adult (~age 11+)				

Uniform is Jersey, Cap, Pants, Belt & Socks

PARENTS / GUARDIANS

Dad's Name (show last name also, if different from child)	
Dad's Phone	Employer / Occupation
Mom's Name (show last name also, if different from child)	
Mom's Phone	Employer / Occupation
Email address (place(s) where you can receive league information)	
1 _____	
2 _____	

Which of these will you volunteer to do?

- | | | |
|--------------------------|--------------------------|---|
| Dad | Mom | Team Manager - Schedule Practices, Select Coaches |
| <input type="checkbox"/> | <input type="checkbox"/> | (Each team must have a volunteer manager.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Team Sponsor (\$200 on jerseys, \$250-\$600 for sign) |
| <input type="checkbox"/> | <input type="checkbox"/> | Coaching Staff |

I certify that the herein named applicant is physically capable of performing the rudimentary tasks dictated by the nature of the sport of baseball.
I will furnish upon request by the organization, a certified copy of the birth certificate of the above named child.
I understand and acknowledge that no insurance coverage is provided for any unauthorized practice, game or function.
I understand and acknowledge that team assignments are at the sole discretion of the Bay Area Texas Baseball (BATB) Board of Directors.
I understand and acknowledge that only those who play in this league in the spring have returning player rights the following spring.
Having been informed of the intention of BATB to provide supervised games and practice sessions, I, the parent or legal guardian of the above named applicant, do hereby give my approval for my child's participation in any and all of its activities during the period to which this application pertains.
I assume all of the risks and hazards incidental to the conduct of these activities; and hold harmless the organization, organizers, supervisors and sponsors of BATB.

FEES ARE NOT REFUNDABLE AFTER PLAYER IS ASSIGNED TO A TEAM.



Signature of Parent or Guardian

Date

PLEASE DO NOT PARK IN FRONT OF HOMES .

PLEASE CONFORM TO ALL RESTRICTED PARKING NOTICES.