

Big Lake Baseball Association Registration Form

Registration Deadlines:

Roberto Clemente: May 1, 2010
 Willie Mays: March 23, 2010
 Pee Wee Reese: March 23, 2010
 Sandy Koufax: March 30, 2010
 Mickey Mantle: April 18, 2010

Registrations after these dates will only be accepted if there is room for the player on a given team and a LATE FEE of \$50 per player is paid in addition to regular fees. There is a \$25 NSF charge on all returned checks.

Checks should be made out to: Big Lake Baseball Association (BLBA).

Players that make the AAA will pay \$25 in addition to the registration fee to offset league fees (except for Mickey Mantle).

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| _____ Roberto Clemente (ages 6, 7, 8 as of April 30, 2010) (10 nights 6:30pm - 8:30pm in June & July - Mon. and Wed.) | Cost: \$35 (plus family fundraiser of \$45; opt out: \$25) |
| _____ Willie Mays (ages 9-10 as of April 30, 2010) (AA--approx. 20 games 6:30pm - 8:30pm in May, June & July, June Tournament, and possible playoffs) | Cost: \$85 (plus family fundraiser of \$45; opt out: \$25) |
| _____ Pee Wee Reese (ages 11-12 as of April 30, 2010) (Approx. 20 Games in May, June & July, and possible playoffs) | Cost: \$95 (plus family fundraiser of \$45; opt out: \$25) |
| _____ Sandy Koufax (ages 13-14 as of April 30, 2010) (Approx. 20 Games in May, June & July, and possible playoffs) | Cost: \$100 (plus family fundraiser of \$45; opt out: \$25) |
| _____ Mickey Mantle (ages 15-16 as of April 30, 2010) (Approx. 20 Games in June & July, and possible playoffs) | Cost: \$135 (plus family fundraiser of \$45; opt out: \$25) |

Player: Last _____ First _____

Grade Now: _____

Age as of 4/30/10: _____

Parent/Guardian: _____

Player's Birth Date: ____/____/____

Address: _____

City/State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work: _____

E-mail: _____

School District: Big Lake Monticello Elk River Becker

In case of emergency and I can't be reached, please contact:

Name: _____

Phone: _____

STATEMENT OF RELEASE

I agree to release the Big Lake Baseball Association and its volunteers of all liability for accident or injuries which a member of my family might incur while participating in above activities.

ADULT SIGNATURE: _____

FOR OFFICE USE ONLY:

Fee: \$_____ Fund Raiser: \$_____ Total Amount \$_____

Check # _____ Cash

Volunteer Fee: Check #: _____

BLBA official: _____