



## 2012 Brandon Valley Baseball High School Grades 9 to 12 Registration



### League / Grade / Cost

High School Spring Season (Grades 9-12) .....\$ **175.00**

**Late Registration Fee (add \$20.00)**..... \$ \_\_\_\_\_

TOTAL REGISTRATION.....\$ \_\_\_\_\_

Deadline: February 1, 2012

(Late registrations will be accepted  
pending program space availability)

**No refunds after March 1<sup>st</sup>**

### Player Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Shirt Size: S M L XL Hat Size: S M L

### Parent / Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State /Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Consent for Medical Treatment

As the parent/legal guardian of the named registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are deemed necessary to preserve life, limb or well-being of my dependent.

### Liability Waiver

I, the parent/legal guardian of the registrant minor, agree that I and the registrant will abide by the rules of the Brandon Valley Baseball Association (BVBA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball and in consideration for the BVBA accepting the registration for the baseball programs and activities, I hereby release, discharge and otherwise indemnify the BVBA, its affiliated organizations and sponsors, their employees and associated personnel, including owners of fields and facilities utilized for the programs, against any claim by, of, or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

I have carefully read this agreement and have understood all of the language and terms thereof. I agree to be bound by all the terms of this agreement as well as all BVBA policies and procedures.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

(Signature required for youth to play and practice)

We will have a maximum of 48 players and they will be split into 3 teams. Team Composition is based on players skill set and grade.

Prior to any practice all players must have their registration fee paid along with their physical and eligibility paperwork submitted to the High School office. (Any questions see Pam in the High School Office).

#### Uniform:

A \$150.00 deposit is required at uniform handout.

BVBA will furnish a hat, coat, belt and jersey. Players must furnish their own pants, socks and under shirts.

#### Work Events:

A \$50.00 deposit is required at the pre high school season meeting for the following:

1. Each family is required to work (1) spirit wear event to sell spirit wear.
2. Each player is required to work (1) session at BVBA Hitting Clinic.
3. Each family is required to help take gate and concessions at home High School baseball games

If all events are not worked the \$50.00 deposit will be used as payment and no refund will be given.

#### Other Requirements:

1. Each player is required to sell minimum of (20) units at our annual cookie dough fundraiser.  
In Lieu of selling the cookie dough you can just write a \$125.00 check.

We will be making (1 to 2) overnight baseball trips this year.

- 1) Rapid City April 27th and 28<sup>th</sup> (Varsity only)

No registration will be accepted without payment.

To guarantee placement registration and fee must be received by registration deadline.

#### Mail Registration to:

BVBA  
Player Registration  
PO Box 605  
Brandon SD 57005

**BVBA Use**  
Received Date

\_\_\_\_\_  
Received Amount

\_\_\_\_\_  
Check #