

Registration Form - 2010

Please make checks payable to: Princeton Baseball Association

Mail Completed form to: Staci Johnson 62 Esty Road Princeton, Ma. 01541

Player Name: _____ **Grade:** _____ **Date of Birth**
(mmddy): _____

Parent's Names: _____

Email: _____

Address: _____

Phone: _____ **Last Year's Team:** _____
League: _____

Fees:

Babe Ruth (13-16)	\$120 (no family cap)	Senior Softball (13-16)	\$70 (family cap \$150)
Little League (11, 12)	\$70 (family cap \$150)	Junior Softball (11, 12)	\$70 (family cap \$150)
Minor League (9, 10)	\$70 (family cap \$150)	Minor Softball (9, 10)	\$65 (family cap \$150)
Farm League (7, 8)	\$60 (family cap \$150)	Farm Softball (7, 8)	\$60 (family cap \$150)
T-ball (MUST be age 5 before 5/1/2010)	\$55	Fall Baseball	
Reg. due March 1, 2010	(Late registrations are not guaranteed a roster spot)		

Parents! We always need volunteers. Please circle where you can help.

Coach Assistant Coach Field Prep. Fundraising Snack Shack Team Parent
Board Member

Please indicate below any limitations your child may have (e.g. allergies, hearing, sight, etc.):

Photo Release:

I give permission for my child's picture to appear on the Princeton Baseball Association Website signed:

I/We the parent/guardian of the above named candidate for a position on a Princeton Baseball Association team, hereby give my permission to participate and all Princeton Baseball Association activities, including transportation to and from activities. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby, release, absolve, indemnify and agree to hold harmless the Princeton Baseball Association, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants, directors, and person transporting my/our child to and from activities for any claim arising out of any injury to my/our child wher result of negligence of for any other cause except to the extent and in the amount covered by accident or liability insurance.

Please include a copy of your child's birth certificate with registration form:

Parent/Guardian Signature: _____

Parent/Guardian Occupation: _____

Are you interested in making a tax-deductible contribution to our Capital Fund? \$ _____

Would your child be interested in trying out for Fall Baseball? Yes No _____