

**Blacksburg Baseball Association
Summer 2019 Middle School (13-15) Registration Form**

Please mail this registration form by **Friday May 17, 2019** with registration fee of \$150 to: Blacksburg Baseball Association, 2900 Tall Oaks Dr., Blacksburg VA, 24060. Cost increase is due to (2) VSHL Umpires at each game.

Player's FULL Name: First: _____ Middle: _____ Last: _____
Date of Birth: _____ **Age on April 30, 2019:** _____

Player's age on April 30th, 2019 determines "Babe Ruth League Age."

Address: _____
Best Phone # to reach player's parent / guardian: _____

Player's Experience / Skill Level (circle one) --- Used in dividing up teams

Beginner Intermediate Advanced

Parent's / Guardian's Name: _____
Parent's / Guardian's Address: _____
Evening Phone: _____ Daytime Phone: _____
Cell Phone: _____
E-mail address: _____
Additional Emergency Contac & Phone: _____

Jersey Size (circle one): Youth Small Youth Med Youth Large Youth XL
 Adult Small (same as YXL), but longer Adult Med
 Adult Large Adult XL

Preferred Jersey Number (give three in order of preference): _____

*Unlike all other local leagues, **we receive NO Town or County funding.** Player fees are kept reasonable through sponsors and donations. If you would like to financially sponsor part of the league (advertising, uniforms, etc.), or make an individual donation, please check mark here _____, and we will contact you.*

THE FOLLOWING TWO ITEMS MUST BE SIGNED OR YOUR CHILD CANNOT PARTICIPATE.

In the event that I am not present, I hereby give permission to any coach in the BBA to seek medical care for my child.

Signature: _____ Date: _____

I hereby accept all risk and responsibility associated with participation in this league.

Signature: _____ Date: _____