2010 SUMMER BALL TEAM REGISTRATION FORM

RETURN REGISTRATION FORM TO: **BGF, P.O. Box 910793, Lexington, KY, 40591-0793**

*****DEADLINE IS SUNDAY JUNE 6, 2010. FEE MUST ACCOMPANY REGISTRATION*****

Team Name_____ Mgr. Name:_____

Mgr. Adress_____ Zip Code_____

Phone (H)_____(W)_____ (Cell)_____

E-mail Address_____

SUMMER TEAMS (Starts Week of June 14-July 26. 10 games, some double headers, 1 hr 20 minute time limit per game, NSA Rules apply, insurance coverage provided, team supply their own uniform. *Teams securing their own insurance must provide certificate of coverage along with registration form.

Select which age division you would prefer to play in provided the interest is sufficient to separate age divisions: (**label preference 1 & 2**)

_____10U _____ 12U _____14U _____ 16U _____18U League $650.00 per team (league provides Insurance coverage)

_____10U _____ 12U _____14U _____ 16U _____18U League $500.00 per team (Team provides Insurance coverage)

*******Teams may have to play up against older teams depending on level of interest per age division**********

*********There are no concession obligations ***********

Player Roster (Please complete as fully as possible)

Player Name	Birth date	Age as of 01/01/10	Address

By signing this form I/we agree to, and/or understand the following:

- **Abide by rules of play established by this league and Babe Ruth League, Inc.**
- **Sign a medical release in the event your child is hurt when you are not present.**
- **Abide by the rules set forth in the "Altercation Policy" published by the LFUCG Division of Parks & Recreation.**
- **I/we agree to the above requirements. I/we understand that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve and agree to hold harmless Bluegrass Girls Fastpitch, the Board of Directors, sponsors, coaches and participants from any claim arising of injury to the above named child except to the extent and in the amount covered by accident or liability insurance.**

Team Manager_____ **Date**_____

League Use Only

Amount Paid_____ Check # _____

Field Donation Y or N Contribution Amount_____ Check#_____

SEND PAYMENTS AND SIGNED FORM TO: **BGF, P.O. Box 910793, Lexington, Ky 40591-0793**