



Girls Traveling Slow Pitch

**BAC Travel Softball
Slow-Pitch Registration
Ages 11 and Up**

Player's Name _____

Address _____

City _____ Zip _____

Father's Name _____ Mother's Name _____

Home Phone _____ Work Phone _____

Cell Phone 1 _____ Cell Phone 2 _____

E-Mail 1 _____

E-Mail 2 _____

Age _____ Date of Birth _____ Grade _____

Player Bracket: If you were born

After 1/1/99

From 1/1/97 to 12/31/98

From 1/1/95 to 12/31/96

From 1/1/93 to 12/31/94

12U

14U

16U

18U

Jersey size: Youth XL Adult S Adult M Adult L Adult XL

Shorts size: Youth XL Adult S Adult M Adult L Adult XL

Uniform # Preference _____

In order to maintain a successful program, we need parent volunteers! **Please fill in your name** where you'd like to help:

Coach _____ Asst. Coach _____

Volunteer _____ Volunteer Coordinator _____

HOLD HARMLESS WAIVER OF LIABILITY

I, the undersigned, as parent or legal guardian of the participant, in consideration of my daughter being permitted to participate in this activity do hereby agree to hold harmless the Burnsville Athletic Club, its officers, coaches, sponsors, supervisors, volunteers and representatives from any and all liability for any personal injury or death which may result from participation in this activity. This waiver includes any injuries which may result from the condition of the facilities and any improvements thereto.

Parent Signature _____ Date _____

REGISTRATION FEE OF \$205 REQUIRED. Check# _____