

Softball Registration Form

Please print or type information. Please fill out form completely.

Team Name: _____

Night Registering For:

Monday _____ Thursday _____ Friday _____ Sunday _____

Type of Team and Division of Play Registering For:

Men's (M) _____ Coed (C) _____

Upper Division _____ Lower Division _____

Coach _____

New Team _____ Returning Team _____

Address _____

Last Season Played at _____

City _____ Zip _____

Assistant Coach _____

Home Phone () _____

Phone () _____

Cell Phone () _____

Email Address: _____

I, the undersigned, understand that all team fees are due by the registration deadline. I understand that should my team fail to pay the team fee by the registration deadline date, a \$50.00 late charge will be added to the team's balance due. Any checks returned unpaid are subject to a minimum charge of \$25.00. Players and/or teams will be ineligible for play until the returned check plus the fee has been satisfied. I take full responsibility for the payment of the fees assessed to my team. Also, by signing below, I verify that I have read and understand the Big League Dreams® Sports Park Softball Rule Book and agree to abide by it. I also understand that all players must sign a Big League Dreams® Sports Park Acknowledgement and Assumption of Risk, Release, Waiver and Indemnity form prior to registering.

Signature _____ Date _____



BIG LEAGUE DREAMS

Date _____
Paid _____ Cash _____ Check _____ Credit _____
Check # _____
Amount _____
By _____