

2024 SEASON 3 REGISTRATION FORM

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

Team Name _____

Sport _____

Night Registering For:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Type of Team and Division of Play Registering For:

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

Upper Division _____ Lower Division _____ Single Team _____ Two Teams _____
Coach _____

New Team _____ Returning Team _____

Last Season Played at _____

Address _____

City _____ Zip _____

Home Phone () _____

CellPhone () _____

EmaAddress _____

Date _____

Paid _____ Cash _____ Check _____ Credit _____

Check # _____

Amount _____

By _____

Signature _____ Date _____

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.



BIG LEAGUE DREAMS