



# Bethlehem Girls Softball Association (BGSA)



## Registration Form – Fall Ball 2015

**Fee: \$55.00 per player**  
**Family Max \$125.00**

**Registration Deadline: September 1, 2015**

Contacts: ☎ BGSA President: Royal Cousins Jr. 426-9977 ☎ BGSA Vice President: Johnny Gunter 262-4085

### Player Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ \*Age (as of 12/31/2015): \_\_\_\_\_

- \*Copy of Birth Certificate required

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Requested Team/Coach: \_\_\_\_\_

Email Address: \_\_\_\_\_ School Attends: \_\_\_\_\_

Returning player? \_\_\_ Yes \_\_\_ No • Heard about BGSA by \_\_\_ TV ads \_\_\_ ValPak  
\_\_\_ School Flyer \_\_\_ Newspaper \_\_\_ Other: \_\_\_\_\_

**Uniform Information:** (circle) **Jersey Size** →  
New Player Only

YS	YM	YL	YXL	AS	AM	AL	AXL	AXXL
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Softball Division and Age Group (check one division and one age group based on age as of 12/31/15):

**Fast-Pitch Softball Division**

Age Group: [ ] 8&Under (machine pitch) [ ] 10&Under [ ] 12&Under [ ] 16&Under

### Volunteer Opportunities

Parents, please indicate if you are interested in any of the following key association roles:

Head Coach     Assistant Coach     Team Parent     Board Member

### Authorization

By signing below, I acknowledge agreement with the following TERMS OF REGISTRATION:

- BGSA requires all players to provide volunteers to work in the Concession Stand as coordinated by your team.
- BGSA Players, Coaches, Parents/Guardians must maintain an ethical code of conduct when attending any function given by or related to BGSA.
- No refunds after the player has played in a game will be issued for any reason.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

☑ **Mail In Registration:** BGSA Registration, PO Box 913, Glen Allen, Virginia 23060

Make Check Payable to **BGSA and include birth certificate (new player's only)**

**BGSA Use Only**

[ ] Cash    [ ] Check (# \_\_\_\_\_)

Date Received: \_\_\_\_\_

Amt Paid: \$ \_\_\_\_\_

Board Member.: \_\_\_\_\_