

Northville Baseball-Softball Association

2010 House League Registration

Player Name: _____ Birthday: _____ Male
Last First Female

Address: _____
and Street City Zip Code


Parents' Names: _____ Phone: _____
Mother Father

Email Address: _____ Check if you would like to be emailed
NBSA information, news and events.

Subdivision: _____ School: _____ Grade: _____

Was player in program last summer? **Y or N** League: _____ Team: _____

CO-ED	AGE AS OF MAY 1	CURRENT AGE	FEE	<input type="checkbox"/>	GIRLS SOFTBALL	CURRENT GRADE	FEE	<input type="checkbox"/>
<input type="checkbox"/> ROOKIE BALL	4 to 5	\$50	<input type="checkbox"/>	<input type="checkbox"/>	COACH PITCH	2nd & 3rd	\$125	<input type="checkbox"/>
<input type="checkbox"/> T-BALL	5 to 7	\$125	<input type="checkbox"/>	<input type="checkbox"/>	PRIMARY	4th & 5th	\$165	<input type="checkbox"/>
BOYS BASEBALL					INTERMEDIATE	6th & 7th	\$165	<input type="checkbox"/>
<input type="checkbox"/> COACH PITCH	7 to 8	\$125	<input type="checkbox"/>	<input type="checkbox"/>	ADVANCED	8th & up	\$165	<input type="checkbox"/>
<input type="checkbox"/> H-LEAGUE	9 to 10	\$165	<input type="checkbox"/>		Registration fee from above: <input type="checkbox"/>			
<input type="checkbox"/> G-LEAGUE	11 to 12	\$165	<input type="checkbox"/>		Non-resident in School District Fee: \$3 <input type="checkbox"/>			
<input type="checkbox"/> F-LEAGUE	13 to 14	\$165	<input type="checkbox"/>		Non-Resident Fee: \$25 <input type="checkbox"/>			
<input type="checkbox"/> E-LEAGUE	15 to 16	\$165	<input type="checkbox"/>		Early Registration Discount (Before March 1): -\$10 <input type="checkbox"/>			
								Total Payable: <input type="checkbox"/>



Please make checks payable to: Northville Baseball-Softball Association
 PO Box 147, Northville, MI 48167

**** Refund Policy: Absolutely No Refunds After May 1 ****

Northville Baseball-Softball Association is an all Volunteer, Independent, Non-Profit Organization.

Please indicate here if you are willing to: _____ Coach (Head Coach, Assistant Coach or Co-Coach)

_____ Willing to volunteer any amount of time to help the NBSA Board

_____ Give monetary donation in lieu of volunteering

Liability Waiver & Medical Coverage Acknowledgement

Please read and sign: I **Certify** that it is with my full knowledge and consent that my above named child may take part in the Northville Baseball Softball Association this year. I **RELEASE AND HOLD HARMLESS** on behalf of my child, myself, and our representatives, the city of Northville, the Township of Northville, the Northville Parks and Recreation Department, the Northville Public Schools, the Northville Baseball Softball Association, its officers, its commissioners, its coaches, and its umpires from liability for injuries or damages which my child may sustain while participating in this activity even if the injuries or damages are caused by the sole negligence of the city of Northville, the Township of Northville, the Northville Parks and Recreation Department, the Northville Public Schools, the Northville Baseball Softball Association, its officers, its commissioners, its coaches, and its umpires. I **UNDERSTAND AND I AM RESPONSIBLE** for medical coverage on my child.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN NAME (Please Print): _____