



BALDWIN Pony-Colt ASSOCIATION

Fee: \$90 for Pony
\$120 for Colt

REGISTRATION FORM FALL BALL 2010

cash/
Paid: check# _____

Schedules are not yet available, but there will be approximately 10-12 games. The program will start around the last week of August through the end of October. Once the teams are selected, there will **NOT** be any trades or refunds.

All Registration Forms must be received by August 31, 2010 in order to avoid a late fee. Any Form received after August 31, 2010, **WILL** be assessed a **\$25** late fee.

BASEBALL:

- Pony (Ages 12-13 for those who will be in the Pony League next Spring) - \$90
- Colt (Ages 14-15 for those who will be in the Colt League next Spring) - \$120

Applicant's Name	Date of Birth (mm/dd/yyyy)	<u>AS</u> <u>AM</u> <u>AL</u> <u>AXL</u> <u>AXXL</u>	Shirt Size (circle one)
Address			
Phone	email Address		
Will be entering Grade _____ this Fall at _____		School.	Age on 5/1/10 _____
Father's Name	Home Phone	Work Phone	Cell Phone
Mother's Name	Home Phone	Work Phone	Cell Phone

PARENT/GUARDIAN AUTHORIZATION, RELEASE & AGREEMENT

I/We, the parent/guardian of the above named applicant, hereby give my/our approval for his/her participation in any/all regular activities of the current season. I/We assume all risk and hazard incidental to such participation, including transportation to/from the activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Association, its organizers, sponsors, supervisor, participants, and person transporting said applicant to/from activities from any claim arising out of injury to said applicant. The Association strongly recommends that participants be covered by medical/dental insurance. The Association will assume no responsibility for medical/dental costs incurred as a result of injuries sustained while participating in its activities beyond those covered by its SECONDARY insurance, which is very limited.

I/We further agree that the applicant and his/her whole family will abide by the Association's Code of Conduct (available at registration or upon request). Additionally, I/we agree to pay the established registration fees and cooperate in any fundraising activities the Association may find necessary, including working the concession stands if called upon to do so.

Signature of applicant's parent/guardian: _____ Date: _____

This form may be mailed, along with registration fee to Bob Opferman (GBWAA Baseball Secretary), 1041 Augusta Way, Pittsburgh, PA 15236.
Make checks payable to **GBWAA**.

Form and payment may also be delivered to his house and placed in his mailbox.

This form is also available online at www.gbwaa.org.

