



Player Registration Form Fall 2013 and Summer 2014 Seasons



Age Group you are trying out for: 14U 16U Club Community Team Both

WildFire:

Fees: \$1,200.00

- \$400.00 due August 15, 2013
- \$400.00 due December 1, 2013
- \$400.00 due March 1, 2014

Fee's include:

- Fall Ball - League Play and State Tournament
- Dome Tournament
- Summer Ball - League Play, 5 Additional Tournaments, State Tournament (each individual team may choose to play additional tournaments which are not included Fall/Summer/Winter)
- Coaches
- Uniforms
- Off Season Winter Practice

BTFP:

Fees: \$425.00 (includes 100.00 Fundraiser)

- \$100.00 due August 15, 2013
- \$325.00 due March 1, 2013

Fee's include:

- Summer Ball - League Play, 3 Additional Tournaments, State Tournament (each individual team may choose to play additional tournaments which are not included)
- Coaches
- Uniforms
- Fall Ball, Dome Ball and Winter Clinics are Optional (additional Fees applied)

Player's Name: _____ Date of Birth _____

Parent/Guardian Names: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (Home): _____

(Players Cell) _____ (Mom's Cell) _____ (Dad's Cell) _____

Parents Email (Required): Mom _____ Dad _____

Player Email (Optional): _____ Preferred Jersey # _____

Previous Playing Experience:

Club Team _____

High School Varsity/JV
 10th/9th

Traveling Fastpitch BTFP
 Other

Do you currently use a personal skills coach No ___ Yes ___ (If yes) Pitching ___ Catching ___ Hitting ___ Other ___

Please list the name of the coach and the skill / skills coached:

Additional Player Information:

Throws: _____ Right _____ Left

Bats: _____ Right _____ Left _____ Both

Positions Played: _____ P _____ C _____ 1B _____ 2B _____ 3B _____ SS _____ OF

Position Preference: #1 _____ #2 _____ #3 _____

Offensive Skills: _____ Bunt _____ Drag Bunt _____ Slap

Will you have any conflicts with the 2013 fall ball, or the summer 2014 season?

Please list: _____

2013 MEDICAL RELEASE

Player Name _____ Date of Birth _____

MEDICAL INFORMATION (in case of emergency)

Physician's Name _____ Phone _____

Are there any medical conditions of which the coaches should be aware? _____

Does the player have any allergies? If yes, please list. -

Player's Parent or Guardian must have full health insurance coverage for the player.

Name of Carrier _____

Address _____ State _____ Zip _____

Policy Number _____

RELEASE OF RESPONSIBILITY AND CONSENT FOR MEDICAL TREATMENT

It is understood and agreed that Burnsville Traveling Fastpitch Association coaches, officers, directors or their daughters have no responsibility or liability for any accidents, injuries, or health related conditions that my daughter/dependent may experience through any activity including, but in no way limited to, transportation, practices, scrimmages, games, tournaments or any other team activity.

I as parent or guardian of the above named player am solely and exclusively responsible for any injury or health related condition that may arise from the above named player's participation in any BTFP Association activity, which includes, but is in no way limited to, transportation, practices, games, scrimmages, tournament or other team activities. I specifically absolve the officers, directors, coaches and volunteers of Bloomington Fastpitch from all responsibility or liability due to any injury, accident (including death) or loss of property that may occur.

I also certify that I, as parent or guardian of the above named player, give my consent to BTFP Association and its representatives to obtain medical care from a licensed physician, dentist, hospital or clinic, for the above named player, for any injury that may arise from participation in any team activity.

Name of Parent/Guardian _____

Signature _____ Date _____

Relationship to Player _____

While not required, BFA does strongly encourage girls who play infield positions to utilize some form of face mask protection.