



Hillsboro Sports Association



2017 Baseball / Softball Registration Form

Registration Forms should be mailed to: H.S.A, P.O. Box 1626, Hillsboro, Texas 76645 Or Delivered to: Hillsboro Chamber of Commerce between 9:00 AM & 4:00 PM Questions: Call Bruce Urbanovsky 254-580-8017	<ul style="list-style-type: none"> Final Registration—Hillsboro Chamber— Sat. February 25 9:00 AM—2:00 PM Tentative: Opening Day Parade & Games Sat. March 25 Rain Out—Go to Facebook first or call 254-580-8017
<ul style="list-style-type: none"> Registration Boys includes Cap, Jersey, Pants, Belt, Socks Registration Girls includes Jersey, Shorts or Pants, Socks 	

FILL IN PLAYERS NAME EXACTLY AS ON BIRTH CERTIFICATE

Players First Name _____ Middle _____ Last Name _____

PHYSICAL ADDRESS ONLY _____ City _____ Zip Code _____

Date of Birth (Attach Required Copy of Birth Certificate) ____/____/____ SCHOOL ATTENDING _____

Fathers Name _____ Mothers Name _____ or Guardians Name _____

Parent or Guardians - Home Phone _____ Work _____ Cell _____
 Email Address _____

I have a Brother or Sister Playing in this League Yes No If Yes, Siblings Name _____

TEAM UNIFORM FITTINGS WILL BE ANNOUNCED

Boys Baseball	\$70.00 First Child \$65.00 Each Add'l Sibling	Girls Softball	\$70.00 First Child \$65.00 Each Add'l Sibling	
BOYS - AGE ON AUG 31, 2017 T-Ball - APR 30, 2017 ALL OTHER BOYS _____		GIRLS - AGE ON JAN 1, 2017 _____		
T-Ball - Boys	Ages 5 - 6	Developmental T-Ball (Coed) Ages 3 - 4	T-Ball - Girls	Ages 5 - 6
Junior Midget	Ages 7 - 8		Midget Coach Pitch	Ages 7 - 8
Senior Midget	Ages 9 - 10		Midget	Ages 9 - 10
Freshman	Ages 11 - 12		Freshman	Ages 11 - 12
Sophomore	Ages 13 & 14		Junior	Ages 13 - 15

Volunteer Information - For protection of the children, a background check will be performed on all Coaches (Circle Choice)

Coach Coach's Full Name _____ DOB _____

Asst. Coach Asst. Coach Full Name _____ DOB _____

Team Sponsor Team Mom / Dad _____

Umpire _____ Concessions _____ Field Preparation _____ H.S.A Board _____

Disclaimer and Consent to Medical Treatment for Clinic and Season

- As the parent / guardian I am responsible for the behavior of my child and myself, on and off the field - before, during, and after the game. I agree to adhere to the basic rules of conduct of the H.S.A. Failure to do so will result in an automatic ejection, forfeiture of game(s), or suspension from activities.
- I / We understand that participation in any sport may result in serious injuries, but do consent to my child's participation in the H. S.A. baseball/ softball and clinic program. I / We hereby release, discharge and otherwise indemnify the H.S.A., it's affiliated organizations, sponsors, and associated personnel including owners of the fields and facilities utilized against any claim by or on behalf of registrant.
- I / We also here by give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent / Guardian _____

FOR LEAGUE USE ONLY

Date _____ \$ _____ Registration First Child _____ Check # _____

League _____ \$ _____ Registration Add'l Sibling _____ Cash Receipt # _____

Division _____ \$ _____ SPIRIT ORDER TOTAL _____

Coach _____ \$ _____ Total Paid _____ Copy of Birth Certificate Rec'd Yes No

Rev. 1-12-17