



Registration Information

Date:	Registration: Baseball <input type="checkbox"/> Softball <input type="checkbox"/> T-Ball <input type="checkbox"/>
Fees: Baseball \$245 / Softball \$235 / T-Ball \$185	\$
Family Discount: \$20 off each additional player	\$
Optional Donation: Team Sponsor <input type="checkbox"/> \$250	\$
Co./Organization name:	

Registration Total: \$

Check Check #: _____ (Please make checks payable to HPBSA)
 Mail form and payment to: HPBSA P.O. Box 560672, Pinecrest FL 33256

Player Information

Name (Last, First):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	D.O.B.:	Fall Grade:
		School:	
Home #:	Cell #:		
Did player participate in the league last year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Pitching Limitations: None <input type="checkbox"/> No-Pitch <input type="checkbox"/> One Inning Only <input type="checkbox"/>			
Comments:			

Second Player Information

Name (Last, First):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	D.O.B.:	Fall Grade:
		School:	
Home #:	Cell #:		
Did player participate in the league last year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Pitching Limitations: None <input type="checkbox"/> No-Pitch <input type="checkbox"/> One Inning Only <input type="checkbox"/>			
Comments:			

Contact Information

Name (Last, First):		
Relation:	Email:	
Home Address:		
Home #:	Cell #:	Work #:

2nd Emergency Contact (Last Name, First):		
Relation:	Email:	
Home #:	Cell #:	Work #:

Additional Information

Manager: Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	Team Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Coach: Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>	Scorekeeper: Yes <input type="checkbox"/> No <input type="checkbox"/>

(managers & coaches must attend two clinics and submit a background check)