



**PO BOX 11 NATRONA
HEIGHTS PA 15065**

724-681-1529

www.nhbsa.com

SOFTBALL

DIVISION	AGE (JAN. 1ST)			COST
U8	7	8		\$25
U10	9	10		\$45
U12	11	12		\$50
U15	13	14	15	\$65
U18	16	17	18	\$65

BASEBALL

DIVISION	AGE (APR. 30, 2012)		COST
SHETLAND	5	6	\$20
PINTO	7	8	\$25
MUSTANG	9	10	\$45
BRONCO	11	12	\$50
PONY	13	14	\$65
COLT	15	16	\$65
PALAMINO	17	18	\$100

	SHIRT SIZE			
YOUTH	S (6/8)	M (10/12)	L (14/16)	
ADULT	S	M	L	XL

VOLUNTEER: COACHING FIELD WORK

NAME: _____

PHONE #: _____

PLAYER'S NAME:

BIRTH DATE: _____ **M / F**

PLAYER'S ADDRESS:

ANY KNOWN ALLERGIES:

MOTHER'S NAME:

PHONE #: _____

FATHER'S NAME:

PHONE #: _____

E-MAIL:

BEST CONTACT #:

I/WE THE PARENTS/GUARDIAN OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A NHBSA TEAM, HEREBY GIVE MY/OUR APPROVAL TO HIS/HE PARTICIPATION IN ANY AND ALL LEAGUE ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL THE RISKS AND HAZARD INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS NHBSA INCLUDING IT'S ORGAIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE LISTED PLAYER TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO THE ABOVE LISTED PLAYER, EXCEPT TO THE EXTENT COVERED IN THE AMOUNT BY ACCIDENT OR LIABILITY INSURANCE. I/WE AGREE TO RETURN UPON REQUEST THE UNIFORM AND ANY OTHER EQUIPMENT ISSUED TO MY/OUR PLAYER IN AS GOOD AS CONDITION AS WHEN RECEIVED, EXCEPT FOR NORMAL WEAR AND TEAR. I/WE ASSUME ALL RISKS TO MY/OUR GUEST VEHICLES, WHEN PARKED AT ANY LEAGUE EVENTS. I/WE WILL FURNISH A BIRTH CERTIFICATE OR OTHER FORM OF LEGAL BIRTH IDENTIFICATION IF REQUESTED BY THE LEAGUE.

PARENT/GUARDIAN

SIGNATURE: _____ **DATE:** _____

REG. AMT: _____ **FUNDRAISER:** _____ **TOTAL:** _____

CK #: _____ **CASH** **TICKET #:** _____ **TO:** _____