



New Berlin Athletic Association, Inc.
BASEBALL/SOFTBALL REGISTRATION FORM
 Please Print Clearly



Must be received by March 1st to guarantee placement on a team – **Late registrations will be put on the team with the greatest need when they are received or on a waiting list if all slots are filled.**

Registrations not accepted prior to January 15th

Mail the completed form, one per child, along with the fee (see below) to:
NBAA Baseball 21600 Hidden Valley Dr., New Berlin, WI 53146

Check here if any changes in Phone or School or Address

NO REFUNDS!! **New Berlin Residents Only** (Children who have reached age 5 by May 15th but who have not reached age 15 before May 1st)

Boy (Circle one) Girl

Child's Name _____ Home Phone # (_____) _____

Address _____ City _____ Zip _____

School _____ Current Grade _____ Birth Date _____

Father's Name _____ Mother's Name _____ Family e-mail _____

The assignment of teams is not an exact science. Assignment of teams is based on the boundary lines of New Berlin's public schools, but this is not the sole criterion. The concentration of children within a given area, maximum team size, coach volunteers, and establishing an equitable split of grades among the teams are also important factors in the selection process. **Teams are not assigned by neighborhood.** **Late registrations will be assigned to the team with the greatest need when they are received or added to a waiting list if all slots are full in the event that there are drops.**

I would be willing to help this program by:
 Obtaining a Sponsor (Sponsor Name/Email) _____

Coaching: Name _____

Phone (_____) _____
 (only if different than above)

Email _____
 (only if different than above)

The NBAA does not do background checks on any individuals in our program including coaches and officials. Parents are responsible for taking necessary precautions to protect their children..

- I/We, the parent(s) of a candidate for a position on a New Berlin Athletic Association, Inc. (NBAA) team, hereby give my/our approval to his/her participation to any and all activities during the current season.
- I/We assume all risks and hazards 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 the NBAA, it's organizers, sponsors, supervisors, participants and persons transporting my/our child, except to the extent and in the amount covered by liability insurance.
- I/We understand that medical insurance will not be provided by the NBAA
- I/We will furnish a certified birth certificate and/or current school report card of the candidate upon request of the NBAA board of directors.
- I/We agree to return uniforms and/or equipment issued to my/our child in as good of condition as when received, except for normal wear and tear.
- I/We give the NBAA permission to post unidentified images of my/our child on its website. I understand that my child's image may appear in informational game pictures that will be posted on the NBAA website.
- I/We give the NBAA permission to post my/our child's name in the local newspaper and on its website in game highlights provided by the coaches.

Parents Signature _____ **Date** _____

Registration Fees: \$50 per child / \$125 max per family per sport if all registrations are received at the same time with a single check. **Add \$10 late fee per registration for any registration received after March 8th. Failure to include the late fee will delay the processing of your registration until the late fee is received.** *The NBAA will never turn away a child due to an inability to pay. Include a note of explanation with your registration form and a board member will contact you if necessary.*

Note: Additional forms may be obtained from the Parks and Rec. Office at New Berlin City Hall or New Berlin Public Library or downloaded from the NBAA Website at www.nbaasports.com. Photocopies will be accepted. You may also register for email notification of upcoming registrations at our website

(For NBAA Use Only – 1/10) Div _____ Team _____ Payment Recv'd _____ Check # _____ Date _____