



# DBSA 2021 Tee Ball Registration

Submit Registrations and Payment by 4/5/2021

DBSA | P.O. Box 583 | Maytown, PA 17550

DBSA Tee Ball is for 4-6 year old (born between April 30, 2017 and May 1, 2014) boys and girls living in the Donegal School District who are interested in learning to play baseball. All Tee Ball activities take place on Sundays at Fuhrman Park May 2 through June 13.

## PLAYER INFORMATION

(Please complete separate form for each player)

Player's Name \_\_\_\_\_  Male  Female Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, PA Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ School \_\_\_\_\_ Shirt size (circle one): YS - YM - YL - YXL

## PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name: \_\_\_\_\_

Address (if different from player): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Guardian #2

Name: \_\_\_\_\_

Address (if different from player): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

## REGISTRATION FEE (\$40 PER PLAYER)

\$40 is due by April 5, 2021. A mandatory fundraiser will take place during the season. Registration fee includes uniform shirt and hat. Registration fees non-refundable. Returned checks due to insufficient funds require registration fees and \$35 returned check fee be paid via money order, certified bank check or cash. If season cancelled due to COVID-19 restrictions, fees will be held and credited for use during next session played. Team sponsorships are available for \$300. Please email DBSA for a form.

### Payment Options:

Via Check (payable to DBSA and mailed to P.O. Box 583, Maytown, PA 17550)

Email form to [secretarydbsa23@gmail.com](mailto:secretarydbsa23@gmail.com) and pay via Venmo ([venmo.com/Donegal-Baseball-1](https://venmo.com/Donegal-Baseball-1))

## VOLUNTEER SIGN UP

DBSA is a volunteer-run organization! Please check below if you are willing to help! No experience required! Coaches are critical for the success of our organization, especially at this level. The number of teams we have depends on the number of Coaches who volunteer to lead a team. We appreciate your consideration!

\_\_\_ Head Coach \_\_\_ Assistant Coach \_\_\_ Fundraising Cmte \_\_\_ DBSA Board

Name(s): \_\_\_\_\_

All volunteers required to submit federal and state required clearances.

## EMERGENCY CONTACT AND MEDICAL INFORMATION

Please list any medical conditions or concerns: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby consent for my child to participate in DBSA Baseball. I understand that injury can be sustained while playing this sport. I hereby release the Donegal Baseball & Softball Association, its officers, coaches, instructors, and sponsors from any liability or responsibility for injuries that my child may sustain. I understand, I may be asked follow additional restrictions due to COVID and this consent pertains to this additional situation.