



**Kensington Valley Baseball and Softball Association
2017 Team Registration**

Team Name: _____

Tentative Division: Community Advanced Open

League/Age: 8U 9U 10U 11U 12U 13U 14U 15U 16U 18U

Manager Information:

Name: _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

City / Zip: _____ Work Phone: _____

Email: _____ Fax: _____

Alt Email: _____

To reserve a spot in 2017, please submit a deposit of \$250 or the full registration fee. Please make all checks payable to "KVBSA". There is a \$30.00 returned check fee.

I, as a manager or coach of the above team, hold harmless and indemnify all KVBSA representatives for any accidents, illnesses, or mishaps whatsoever which may occur from participating in the KVBSA program.

Manager Signature: _____ Date: _____

This Section for League Use Only

Registration Date: _____ Amount Paid: _____ Check # or Cash: _____

Form Taken By: _____