

**HILLSBORO SPORTS ASSOCIATION
BASEBALL CONTRACT FOR THE 2010 SEASON
ONE CONTRACT PER CHILD**

CHILD'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ BIRTHDATE: _____

CHECK THE LEAGUE IN WHICH YOUR CHILD WILL PLAY THIS YEAR
(AGE GROUP IS DETERMINED BY PLAYERS AGE **AS OF September 1, 2010**)

T-BALL(Ages 5-6)_____ PITCHING MACHINE(Ages 7-8)_____
(Ages 9-10)_____ (Ages 11-12)_____ (Ages 13-14)_____ (Ages 15-16)_____

CHECK IF INTERESTED IN COACHING _____ NAME & PHONE _____

CHECK HERE IF INTERESTED IN TRAVELING TEAM _____

(TRAVELING TEAMS WILL COMPETE IN ADDITIONAL TOURNAMENTS IN JUNE AND JULY IN AGE GROUPS 7-16.
IF SELECTED FOR TRAVELING TEAM THERE IS AN ADDITIONAL \$35.00 FEE.)

CHECK SHIRT SIZE CAREFULLY

KIDS SMALL _____ KIDS MEDIUM _____ KIDS LARGE _____

ADULT SMALL _____ ADULT MEDIUM _____ ADULT LARGE _____ ADULT X-LARGE _____

LEAGUE FEES (Circle One)

T-BALL = \$25 PITCHING MACHINE = \$35 AGES 9-10 = \$40 AGES 11-12 = \$40
AGES 13-14= \$60 AGES 15-16= \$60

CONTRACTS MUST BE RECEIVED BY MARCH 13, 2010

THERE WILL BE A \$10.00 CHARGE ON ANY LATE CONTRACTS – NO EXCEPTIONS.

**NO REFUNDS WILL BE GIVEN ON CONTRACTS. SCHOLARSHIPS AVAILABLE UPON RECEIPT OF
WRITTEN REQUEST. PARENTS ARE RESPONSIBLE FOR TRANSPORTATION.**

LIMITED SECONDARY INSURANCE WILL BE OBTAINED FOR PARTICIPANTS. THIS INSURANCE IS SECONDARY ONLY AND IS NOT CONSIDERED PRIMARY COVERAGE FOR ACCIDENTS THAT MAY OCCUR DURING GAMES OR PRACTICE.

WE, THE PARENT(S) OF THE ABOVE NAMED CANDIDATE HEREBY GIVE MY/OUR PERMISSION AND APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES DURING THE CURRENT SEASON. I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE HILLSBORO SPORTS ASSOCIATION, INC., ORGANIZERS, SPONSORS, SUPERVISORS, OFFICIALS AND PERSONS TRANSPORTING THE ABOVE NAMED CHILD, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

PLEASE READ BACK OF CONTRACT!!

Mail contract and payment to:
HILLSBORO SPORTS ASSOCIATION
P.O. BOX 484
HILLSBORO, IL 62049

PARENT OR GUARDIAN SIGNATURE
Signature also acknowledges that you have read and understand the HSA Code of Conduct as printed on back of this contract.

QUESTIONS CALL: 851-2351 or 532-6890

Date payment received _____

Received by _____

Check # _____

Cash _____