



# Brooklyn Park Athletic Association Girls Softball Registration



Brooklyn Park Recreation and Parks Department  
5600 85<sup>th</sup> Avenue North, Brooklyn Park, MN 55443  
763 493-8333 (phone) 763 493-8253 (fax)

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Please list any disability, allergy or special needs \_\_\_\_\_

Special accommodations necessary for participation: \_\_\_\_\_

Please contact me for info about accommodations \_\_\_\_\_

Fee assistance request – please contact me \_\_\_\_\_

Age Group (as of 1/1/12) (8U, 10U, 12U, 14U, 16U, 19U) \_\_\_\_\_

Slow Pitch or Fast Pitch? \_\_\_\_\_

For 8U slowpitch only: "A" or "B" Division? "A" for experienced players, or "B" for 1<sup>st</sup> year players only): \_\_\_\_\_

Contact 8U Commissioner Tina Efinger with questions- (612) 369-4512 or tmarshik@yahoo.com

Last Year's Park or Coach: \_\_\_\_\_ # of years playing experience: \_\_\_\_\_

Fast Pitch: Years of pitching experience: \_\_\_\_\_ Years of catching experience \_\_\_\_\_

Which school does your player attend? \_\_\_\_\_

Special Requests (e.g. coach, teammates, school/park) \_\_\_\_\_

Does parent want to coach or assistant coach? \_\_\_\_\_

**FEES:**  
**Slow Pitch:** 8U - \$60, 10U, 12U, 14U & 16U - \$75, 16 & 19U - \$800/team (no jerseys), \$1000/team (w/ jerseys)  
**Fast Pitch:** 10U - \$185, 12U, 14U & 16U - \$200. (Includes new uniform jersey, pants, and shorts) There is an additional charge per player for State Qualifier & State Tournament for teams that decide to participate in these or other optional tournaments.

Team registrations for 16U and 19U Slowpitch: contact Bryan Bachand: bryan.bachand@wellsfargo.com

**Total Due:**  (Add \$5 if you wish to donate to the fundraiser for the Concessions Trailer ) **Total Enclosed:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Payment Type: (Cash, Check, Visa, Mastercard)

Name as appears on card: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_