



**\*BEL PASSI USE ONLY\***

Player Age: \_\_\_\_\_ Program: \_\_\_\_\_

## Bel Passi Player Registration

3-4 years old \$140.00     5-6 years old \$160.00     7-14 years old \$180.00

*\*Player's league is determined by their age on April 30, 2017*

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

Player Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone: \_\_\_\_\_  
MONTH DAY YEAR

Primary Guardian: \_\_\_\_\_

Primary Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Guardian Email Address: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_

Secondary Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Guardian Email Address: \_\_\_\_\_

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

Emergency Contact Phone: \_\_\_\_\_

### Medical Information:

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Conditions: \_\_\_\_\_

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### Payment Arrangement Amount & Due Dates

Registration Fee: \_\_\_\_\_

Fundraiser Buyout: \_\_\_\_\_

PCB Buyout: \_\_\_\_\_

Multi-Player Discount: \_\_\_\_\_

Total Due: \_\_\_\_\_

Payment #1: \_\_\_\_\_ Due: \_\_\_\_\_

Payment #2: \_\_\_\_\_ Due: \_\_\_\_\_

Payment #3: \_\_\_\_\_ Due: \_\_\_\_\_

Payment #4: \_\_\_\_\_ Due: \_\_\_\_\_

## Parent Code of Conduct

Participating with Bel Passi Baseball is a privilege, and with this privilege comes certain responsibilities. Each parent and player representing Bel Passi Baseball, whether at Bel Passi or tournament play, must demonstrate above average sportsmanship and conduct. This includes, but is not limited to:

- Being gracious in winning and losing; encouraging good sportsmanship at every game and practice
- Never using profane language or gestures of any kind
- No alcohol, tobacco, marijuana, or cannabinoid products (including E-Cigarettes) at Bel Passi, away games or tournaments.
- Being under the influence of alcohol, marijuana, cannabinoid products, or controlled substances is prohibited, regardless of where the product is consumed.
- Being prompt at practice and games
- No degrading, yelling, cussing, harassing or challenging of umpires or participants
- Treating all players, coaches, fans and officials with respect regardless of race, sex, creed or ability

## League Fundraising

Parents must assist their children in participation of the league fundraiser. Parents will be issued (5) Mountain Mikes coupon sheets by their Team mom. Each Mountain Mike coupon sheet sells for \$20. Parents will be required to sell **ALL** (5) Mountain Mike Coupon sheets and turn in fundraiser money (\$100) on TBD turn in date. Parents may opt to buyout of the League Fundraiser (Mountain Mike's Coupons) **DURING REGISTRATION ONLY**. The cost of the buyout is \$60 per player. The fundraiser buyout fee does not exempt you from any fundraisers other than the league fundraiser (Mountain Mike Coupon sales).

## Pancake Breakfast

Each player will be issued 10 tickets and will be required to sell a minimum of 4 tickets. The cost of each PCB ticket will be \$7.00. Parents may opt to buyout of PCB fundraiser **DURING REGISTRATION ONLY**. The cost of the PCB buyout is \$28 per player. If parents opt to buyout of the PCB, parents can choose to take the (4) PCB tickets or not. Tickets will only be given out **DURING REGISTRATION** and will not be given out if parents later decide they want the tickets.

PCB Buyout with (4) PCB Tickets (\$28)

PCB Buyout without PCB Tickets (\$28)

PCB fundraiser (10) tickets (Money turned on date TBD)

Ticket numbers issued: \_\_\_\_\_ to \_\_\_\_\_

\*Parents are responsible for the cost of any lost, misplaced, damaged, or stolen tickets.\*

## Refund Policy

There are no refunds after 01/01/2017. Refunds will be reviewed on a case by case basis and will be issued at the discretion of the President. Medical withdrawals may require a doctor's note.

Parents are being advised that failure to participate/buyout in the league fundraiser or Pancake Breakfast fundraisers, will result in the following actions:

Player benched until fundraisers (League and/or PCB) money and any unsold PCB tickets (Maximum of 6 PCB tickets can be returned) have been turned in. Players may also be ineligible to participate in play-offs, All-Stars, and possibly the 2018 season.

## Payment Methods

Bel Passi will accept the following methods of payments: Cash, Check, and/or credit/debit card. For credit/ debit card transactions, Bel Passi uses Square credit/debit card processing and additional Square convenience fee of 2.75% will be added to the amount of the player's fees. A \$25.00 fee will be applied to an outstanding balance on any check returned for insufficient funds.

**I have read and agree to Bel Passi Baseball's Parent Code of Conduct, League Fundraising, Pancake Breakfast, and Refund Policy.**



\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# Player Code of Conduct Agreement

I pledge to be responsible for my actions by following the Player Code of Conduct of Bel Passi Baseball:

I agree to practice good sportsmanship at all times.

I agree to attend and participate in all scheduled games and practices when reasonably possible.

I will never throw a bat or helmet in anger.

I agree to follow team and league rules.

I agree to participate and communicate positively with my coach and teammates.

I agree to treat my teammates, opponents, fans, umpires and league officials with respect.

I agree to exercise self-control at all times, refraining from foul language and setting a positive example for others to follow.

I agree to support and encourage my teammates, and to always try my best to keep a positive attitude.

**My signature verifies that I have read, understand and agree to abide by this Code of Conduct.**

**Consequences may include removal from practice/game, suspension and/or removal from our league.**

Players Name (Printed): \_\_\_\_\_ Age Group: \_\_\_\_\_

Players Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Bel Passi Uniform Order Form

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

Uniform Number Choices:

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

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

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Jersey Size:

Youth Sizes:

YS    YM    YL    YXL

Adult Sizes:

AS    AM    AL    AXL    AXXL    AXXXL

Baseball Cap:

Youth Adjustable    S/M    M/L    L/XL

EB Member Initials: \_\_\_\_\_

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**\*\*By signing this I have verified the spelling of the Jersey Name\*\***