



PAID _____

BAYTOWN AREA SENIOR SOFTBALL 2025 REGISTRATION

FIRST NAME _____ LAST NAME _____

AGE AS OF 12/31/2025 _____ BIRTH DATE ____/____/____

PHONE (HOME) _____ (CELL) _____

EMAIL _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

PLAYER SHIRT SIZE (circle one): **SM** **MED** **LG** **XL** **XXL** **XXXL**

NEW PLAYERS ONLY:

Provide position(s) you play: _____

Softball experience: _____

<p><u>SEASON DUES:</u> \$80</p> <p><u>EXTRA SHIRTS (Add \$10 per shirt):</u></p> <p>Sizes: _____</p> <p>Qty: _____ x \$10 = _____</p>	<p><u>PAYMENT:</u> [Dues + Extra Shirts = Total]</p> <p><input type="checkbox"/> CASH</p> <p><input type="checkbox"/> CHECK # _____ (payable to BASS)</p> <p><i>Forms can be submitted at dinner on 2/4/25 or mailed by 2/21/25 to:</i></p> <p><i>BASS c/o Robby Jannise 101 Crestway Drive Baytown, TX 77520</i></p>
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LIABILITY WAIVER:

I, the undersigned, agree to hold harmless Baytown Area Senior Softball, Inc. (BASS), its officers and directors, Harris County, and the city of Baytown Parks and Recreation Department, from any and all liability, including but not limited to, injury or death, resulting from my participation in any BASS sanctioned function. I also agree to abide by all league and park rules.

DATE ____/____/____ SIGNATURE _____