



PAID _____

B-LEAGUE

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 _____

SEASON DUES: \$40**PAYMENT:**

- CASH
- CHECK # _____ (payable to BASS)

Forms can be submitted to:

**BASS c/o Robby Jannise
101 Crestway Drive
Baytown, TX 77520**

LIABILITY WAIVER:

I, the undersigned, agree to hold harmless Baytown Area Senior Softball, Inc. (BASS), its officers and directors, and/or Harris County 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 _____