



**Beavercreek Youth Softball Association**  
**A League of Their Own (Pre K & K)**

A League of Their Own is a Co-ed slow pitch softball league designed especially for boys and girls in **PRE-SCHOOL and KINDERGARTEN**. It offers a recreational and social summertime activity for the kids to have fun while learning the game of softball. At least 3 practices are scheduled over the May 13 – 24 period and at least one game each week from May 28 through July 26, 2019. All games are played at Rotary Park; the majority of the games will be played on Wednesdays, with other games scheduled throughout the week. **NO WEEKEND GAMES**. Games will start at 6:00PM and 7:20PM. We schedule at least 10 games for each team.

This is a coach pitch league. Co-ed teams are formed with 10 to 11 players so every child gets plenty of playing time. Playwiths are honored. Coaches are chosen by the end of April and selected from parents who volunteer; children are assigned to teams by May 7 and the coach contacts the parents after the coaches' meeting to let them know which team their child has been assigned to. Practice times are assigned and teams should start practice by May 13. Additional information about the league can be found at [www.beavercreeksoftball.com](http://www.beavercreeksoftball.com) FAQ page and/or Rules page.

The fee is \$70 per child. **HOWEVER**, if you are signing up more than one child (no matter what grade) the following rates apply: \$125 for two children in the same family, \$155 for three children, and \$175 for four or more, **when registered by APRIL 24. There is a \$5.00 late fee per family when signing up after April 24, so sign up early and save.** This fee covers the cost of all games and a shirt and hat for each player. It also covers a BYSA memento that is handed out at the end of the season at BYSA Fun Day. Each player is provided one "Beaver Buck" for use at the concession stand during the season and a special "Beaver Buck" at Fun Day. Playwith requests made by April 24 will be honored.

To register, please fill out the form below and mail it along with fees. Checks should be made payable to BEAVERCREEK YOUTH SOFTBALL ASSOCIATION, Inc.

Mail registrations to: **BYSA**

**P.O. BOX 340216**  
**Beavercreek, Ohio 45434**

Questions: Call 422-4949

or visit our website at  
[www.beavercreeksoftball.com](http://www.beavercreeksoftball.com)

**(Note: there is a \$25 service charge for all checks returned for non-sufficient funds)**

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**BYSA Pre-K and Kindergarten Youth Softball Registration Form - 2019**

P L A Y E R	Player Name _____ School _____ Male___ Female___ Physical Limitation _____ Playwith Request _____ <i>Shirts are pre-ordered. If you need an very small or very large size, please indicate size here</i> _____
P A R E N T	Parent Name(s) _____ Home Phone _____ Address & City _____ Alternate Phone _____ Email Address(es) _____ Volunteer as: Coach <input type="checkbox"/> Ass't Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Web Site <input type="checkbox"/> Other _____
<b>TEAM SPONSORSHIPS NEEDED:</b> If you, your company, or your organization is interested in sponsoring one or more teams (K, R, J, P Leagues preferred), please email <a href="mailto:Amanda@Beavercreeksoftball.com">Amanda@Beavercreeksoftball.com</a> or call her at 937-260-7997 as soon as possible. The earlier the better if you are hoping to sponsor someone. Additional information is available at <a href="http://www.beavercreeksoftball.com/Sponsorship.php">www.beavercreeksoftball.com/Sponsorship.php</a> <i>Check here if we can contact you about sponsorship</i> <input type="checkbox"/> <i>List company / organization name here</i>	

**WAIVER:** In consideration of the Beavercreek Youth Softball Association (BYSA) accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have or may acquire in the future against the BYSA, City of Beavercreek and its employees, volunteers, and other representatives for any and all injuries suffered by myself or my child in connection with the above program:

\_\_\_\_\_  
 Signature of Parent or Guardian (for players under 18)

\_\_\_\_\_  
 print name if different from parent listed above

\_\_\_\_\_  
 Date