

PERRIS

YOUTH BASEBALL LEAGUE SEASON 4



BIG LEAGUE DREAMS

PERRIS, CA

TEAM FEE: \$800 | PLAYER FEE: N/A

START DATES

WEDNESDAY (11/12U,13U,14U) - OCT 5

THURSDAY (8U) - NOV 10

USSSA Registration #, Team Insurance, BLD Team Waiver Required by Week 1.

\$300 Deposit Required to reserve team spot



LOOKING FOR MORE INFORMATION? CALL US AT (951) 943-8110

Token Policy: Monday - Friday there is a \$5.00 fee to enter the Sports Park for all individuals 13 years of age and older. Saturday - Sunday the fee is \$8.00. Each person will receive a token worth \$1.00 off food or drink in the Stadium Club. Absolutely no food or beverage is allowed to be brought into the Sports Park at any time.



PERRIS.BIGLEAGUEDREAMS.COM



BLDPERRIS



2155 TRUMBLE ROAD, PERRIS, CA 92571

Youth Baseball Season 4 Registration Form

Please print or type information. Please fill out form completely.

Team Name _____

USSSA Registration #: _____

Type of Team Division of Play Registering For:

Coach _____

New Team _____ Returning Team _____

Address _____

Last Season Played at _____

City _____ Zip _____

Home Phone () _____

Cell Phone () _____

Email Address _____

Assistant Coach _____

Home Phone () _____

Cell Phone () _____

Email Address _____

I, the undersigned, understand that all team fees are due by the registration deadline. I understand that should my team fail to pay the team fee by the registration deadline date, a \$50.00 late charge will be added to the team's balance due. Any checks returned unpaid are subject to a minimum charge of \$25.00. Players and/or teams will be ineligible for play until the returned check plus the fee has been satisfied. I take full responsibility for the payment of the fees assessed to my team. Also, by signing below, I verify that I have read and understand the Big League Dreams® Sports Park Softball Rule Book and agree to abide by it. I also understand that all players must sign a Big League Dreams® Sports Park Acknowledgement and Assumption of Risk, Release, Waiver and Indemnity form prior to registering.

Signature _____

Date _____



Date _____
Paid ____ Cash ____ Check ____ Credit ____
Check # _____
Amount _____
By _____