

2025 Fall Ball ~ Softball League



TEAM REGISTRATION FORM ~ PLAY BALL IN THE FALL

Head Coach: _____ Team Name: _____
City/Town: _____ Phone #: _____ Email: _____

Please check one: **(Please see below for cost break down)** Game fields, tournaments, balls & umps are covered 100%;
But NOT Practice fields, uniforms OR insurance. All costs are covered if teams have their players sign up individually.

RECREATIONAL (Age: As of 9.1.25)

- ☐ 8U \$875 (Coach pitch) (12-22 games)
- ☐ 10U \$875 (12-22 games)
- ☐ 12U \$875 (12-22 games)
- ☐ 14U \$925 (\$50 fence fee is INCLUDED) (12-22 games)

"A, B & C" COMPETITIVE (Age: As of 9.1.25)

- ☐ 10U \$875 (12-22 games) (C/B or A Comp) PLEASE CHECK ONE: A: ____ B: ____ C: ____
- ☐ 12U \$1,145 (2 umps) (2 additional Seeding Games are INCLUDED in the fees. 14-22 games) PLEASE CHECK ONE: A: ____ B: ____ C: ____
- ☐ 14U \$1,195 (2 umps) (2 additional Seeding Games and a \$50 fence fee are INCLUDED in the fees. 14-24 games) (Sunday except for EOST)
PLEASE CHECK ONE: A: ____ B: ____ C: ____

HIGH SCHOOL DIVISION (Age: As of 9.1.25)

- ☐ 15U-18U \$1,195 (2 umps) (\$50 fence fee is INCLUDED in the fees. 12-24 games) (Sunday Play only including EOST)
PLEASE CHECK ONE: Comp: ____ Rec: ____

SPECIAL GAME TIME REQUEST: (Request taken until August 25th) _____.
(Please only request times that are really needed and not just for convenience as it's difficult to ensure all request all weekends. Thanks)

Registration, proof of insurance and Rosters are due by August 10th, 2025. Payment Due by September 1st.

Form can be sent via email to; fallball.ipgsa@gmail.com

Please send payment via VENMO @BVGSA-IPGSA-FB-softball OR ZELLE 303.332.1183 (BVGSA)

OR checks payable to: BVGSA Mail: BVGSA P.O. BOX 20192 BOULDER CO 80308-3192

Registrations received after that date will be accepted only if there is space.

- ☐ We carry our own insurance (please email copy to fallball.ipgsa@gmail.com)
- ☐ We need to purchase insurance \$139 (certificate will be sent from Dean & Assoc of FL)

COMP TEAMS (A/B/C): 12U (\$1,145), 14U & HS (\$1,195) (please see below for cost break down)

(We used the highest amount of \$1,195 for the cost breakdown. 10U and 12U cost are lower)

- Based on the minimum 14 games (4 Seeding Games + 8 regular season + a minimum of 2 tourney games)
- Price Includes Fence Fee for the Fields (\$50) for 14U Comp/HS teams only
- 2 umps will be provided (NOT FOR 10U Comp)
- Fields and game balls are provided
- \$85.36 per game or approximately \$7.11 a player per game (Based on a 12-player roster)
- If you play more than 2 games in the End-of-Season Tourney, cost per game goes down... for example; 16 games are \$74.69 a game or \$6.22 a player. The further you go in tourney, the more your cost goes down
- Team and Player Awards for the CHAMPIONS in each division in tourney
- Team Trophy and Player Medals for 2nd Place in each division in tourney
- Championship Team can get game cost to less than \$59.75 a game or \$4.98 a player with 20 games
- Individuals can sign up for Competitive teams, but are not guaranteed a spot. However, most teams have girls that can't play FB and spots are often available.
- USSSA Rules will be used with a few exceptions that can be found at ipgsa.com (Fall Ball Rules)

REC TEAM & 10U Comp (A/B/C): 8U-12U (\$875), 14U (\$925) & HS (\$1,195) (please see below for cost break down)

(We used the 14U Rec Fee amount of \$925 for the cost breakdown. 8U-12U cost are lower)

- Based on 12 games (10 regular season + a minimum of 2 tourney games)
- 1 ump will be used (we will try to have umps at all 8U games this year, not just for tourney)
- Fields and game balls are provided
- \$77.08 per game or approximately \$6.42 a player per game (Based on a 12-player roster)
- If you play more than 2 games in the End-of-Season Tourney, cost per game goes down... for example; 15 games will be \$61.66 or \$5.14 a girl per game. The further you go in tourney, the more your costs go down

- Team and Player Trophy for the CHAMPIONS in each division in tourney
- Team Trophy and Player Medals for 2nd Place in each division in tourney
- The Championship Team can get game cost down to \$51.39 a game or \$4.28 a player with 18 games

Teams will receive a refund for weekends that are cancelled due to weather ONLY IF an optional date is not offered.

Each Head Coach is required to sign the waiver below for the entire TEAM.

In doing so, the Head Coach is ensuring each parent has signed the below waiver.

Fall Ball DOES NOT need a copy of each parent's signature, unless requested because of an injury and/or a violation.

Please send Roster separately or list players & DOB below and send via email to fallball.ipgsa@gmail.com

NAME: _____ DOB: _____

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

COACHES: ALL PARENTS MUST FILL OUT THE BELOW. FB DOES NOT NEED A COPY UNLESS AN INJURY OCCURS.

PLEASE KEEP FOR YOUR RECORDS. A COPY WILL BE REQUESTED IF NEEDED.

2025 Team Rep & Parental Permission to play/waiver

Waiver, Release and Authorization for Treatment Approval of Participation

I, the parent, coach or guardian of the above applicant, gives approval to my child's participation in all activities of the softball program.

Assumption of Risks: *I understand that participation in sports activities, and fundraising activities, may result in injuries, including, in rare cases, serious injury or death. Knowing this, the undersigned assume all risks and hazards incidental to such participation, including transportation to and from the activities. I represent that the Participant is physically able to participate in the sport of baseball. My child has the following known health condition/allergies; _____.*

Release: *I do hereby waive, release, absolve, indemnify and agree to hold harmless Fall Ball, BVGSA and/or IPGSA and any other organization involved in contests with Fall Ball, BVGSA and/or IPGSA, as well as the organizers, directors, officers, officials, supervisors, coaches, referees, other participants, and appointed persons transporting the Participant to and from program activities, and all owners of facilities used by Fall Ball, BVGSA and/or IPGSA, from any claims arising out of injury to myself and my child incidental to such participation. I, the parent or guardian do hereby waive, release, absolve, indemnify, and agree to hold harmless Fall Ball, BVGSA, IPGSA and/or any of the organizers, coaches, sponsors, officials, supervisors, other participants, and appointed persons coach participation.*

Authorization for Emergency Treatment: *I further approve that in my absence or disability, designated league officials and/or coaches, shall have authority to take action as deemed necessary to provide or render immediate medical attention to the Participant, due to sudden illness or injury incidental to or occurring during participation, including giving consent to medical care for the Participant.*

No Insurance: *I understand that Fall Ball, BVGSA and/or IPGSA, does not provide medical and accident insurance for Participants in the program. School districts do not provide nor are they responsible to provide, any type of personal health or accident insurance protection for students who participate in Fall Ball, BVGSA and/or IPGSA activities. That responsibility rests with the families (parents/guardians) of the Participant. Parents/guardians are required to agree to assume financial responsibility for medical expenses by affixing their signature below.*

Safety: *I understand that Participants in a scheduled Fall Ball, BVGSA and/or IPGSA, activity, must observe all safety rules at all times. I understand and represent that my child is familiar with and will abide by all safety rules and regulations, including those posted at any facility, and those attached hereto. I understand that these rules are for everyone's safety and are prerequisites to Fall Ball, BVGSA and/or IPGSA's ability to use school facilities and privately owned facilities.*

Any attempted modification of this Waiver, Release and Authorization for Treatment is ineffective and upon discovery, will preclude the above child from participating in Fall Ball, BVGSA and/or IPGSA programs.

As a Parent, Guardian or Participant, I have read, consent to, and agree to abide by the terms of the above Waiver, Release and Authorization for Treatment & Approval of Participation. If 18 years of age or older, I understand that by my signature below, I am legally bound by the terms set forth above.

I, the parent or guardian agrees to pay the registration fee, to adhere to league rules, give permission for photos to be taken and/or to be used for Fall Ball, BVGSA and/or IPGSA publications such as the Facebook and/or the Web Site. To return in good condition any equipment issued to my child, and to furnish, if requested, a certificate of birth for my child to Fall Ball, BVGSA and/or IPGSA.

I, the team Rep, Director or Coach will have all parents sign the below and will keep with the team records. Fall Ball does not need a copy unless requested.

Parent's or Guardian's Name: _____

Teams Rep Parent's or Guardian's Signature: _____ Date: _____

Verified by Team Rep, Director or Coach: _____ Date: _____

Emergency contact Numbers: _____