



2026 Fall Ball Softball League Registration

Player Name: _____ Birth Date: ___/___/___ Age as of 9/1/26: _____ Grade as of Aug 2026: _____

Street Address: _____ City: _____ Zip: _____ School: _____

Parent's Name: _____ Cell Phone: _____ Email: _____

Parent's Name: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Shirt Size (circle one size only): Child size: S M L Adult Size: S M L XL

(VISORS AND NICE JERSEYS (not t-shirts) ARE PROVIDED in addition to a minimum of 12 games up to 18 games minus any rain/snow outs)

When players sign up individually everything is covered 100%; Practice fields, balls, equipment, tournament, uniforms, insurance, game field & umps.

TEAMS ARE FORMED BY GEOGRAPHICAL LOCATION. IF THE PLAYER WOULD LIKE TO PLAY WITH A SPECIFIC INDIVIDUAL(S), WITH A COACH OR WITH A TEAM, PLEASE LIST BELOW. (WE WILL TRY TO PLACE EVERYONE ON THE TEAM THEY WANT TO BE ON, BUT CANNOT GUARANTEE TEAM PLACEMENT)

Player/Coach or Team NAME Requested: _____

Waiver, Release and Authorization for Treatment Approval of Participation

I, the parent 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 always observe all safety rules. 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 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.

Parent's or Guardian's Name: _____

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

Verified by League Agent: _____ Date: _____

Please check one: Please visit fallsoftball.org for Division/Age descriptions. Scholarships are available. Must get approval for Age exceptions.

RECREATIONAL

- Coach-Pitch \$190 (must not be 9 before 9.1.26)
- 10U \$195 (must not be 11 before 9.1.26)
- 12U \$195 (must not be 13 before 9.1.26)
- 14U \$230 (must not be 15 before 9.1.26)

"B/C" MODIFIED COMPETITIVE Higher level requires 2 umps (Please NOTE: Tryouts are required for Competitive teams. Placement is not automatic)

- 10U \$195 (must not be 11 before 9.1.26) (only 1 ump)
- 12U \$255 (must not be 13 before 9.1.26)
- 14U \$280 (must not be 15 before 9.1.26)

"A" COMPETITIVE Higher level requires 2 umps (Please NOTE: Tryouts are required for Competitive teams. Placement is not automatic)

- 12U \$255 (must not be 13 before 9.1.26). (2 Umps)
- 14U \$280 (must not be 15 before 9.1.26). (Sunday Play only, except for tourney. Fence Fee & 2 Umps)

HIGH SCHOOL DIVISION

- 15U-18U \$280 (must not be 19 before 9.1.26) (Sunday Play only, except for tourney. Fence Fee & 2 Umps)

Registration is due by August 10th, 2026. Registrations received after that date will be accepted only if there is space.

Form can be sent via email to; fallball.ipgsa@gmail.com. Please send payment via VENMO @[BVGSA-IPGSA-FB-softball](https://www.venmo.com/BVGSA-IPGSA-FB-softball)

Make checks payable to: BVGSA Mail application and check to: BVGSA P.O. BOX 20192 BOULDER CO 80308-3192