

M. B. S. Parish Athletic Association
2017 T-BALL & COACHES PITCH
Registration Form

REGISTRATION DEADLINE: **FRIDAY, MARCH 3rd 2017** SEASON DURATION: **APRIL - MAY**
MANDATORY COACHES MEETING: **MONDAY, MARCH 6th** @ 6:30pm in the Ott Center

PLEASE CIRCLE DESIRED DIVISION:

D1: T-BALL
Grades: Pre-K - 1st (Boys & Girls)

D2: GIRLS Coaches Pitch
Grades: 1st - 3rd (Girls)

D3: BOYS Coaches Pitch
Grades 1st - 3rd (Boys)

PLEASE PRINT:

Child's Name: _____ Grade: _____ Sex: M F

Address: _____ Age: _____

D.O.B. _____ Home Telephone: _____

School Child Attends: _____ Team Requested (Optional) _____

Father's Name: _____ Father's Cell Phone: _____

Mother's Name: _____ Mother's Cell Phone: _____

Email Address(es): _____

CHILD SHIRT SIZE (Please Circle): YSM YMED YLG ASM AMED

PARENT VOLUNTEER OPTION (Please Circle): HEAD COACH ASST. COACH
(Special Note: Our league depends heavily on our volunteer coaches, please consider this option when registering your child)

PARENT VOLUNTEER SHIRT SIZE (Please Circle): ASM AMED ALG XLG XXL XXXL

LEAGUE FEES (Please Indicate):	<u>MBS PARISHONER</u>	<u>NON-PARISHONER</u>
T-Ball OR Coaches Pitch	\$55.00	65.00

Please make checks payable to MBS ATHLETICS (\$130.00 Max/family)

****MANDATORY****

**All coaches are required complete a Child Protection Certification Course required by the
Diocese of Baton Rouge BEFORE coaching your desired team.**

I/We agree to do our share of concession work (**16 & older, no children please**) and field duty (grounds maintenance and trash pickup). I/We also understand that I/We are responsible for any injury or liability that may occur during the sport listed above. I/We have medical insurance and/or are financially able and will pay for any medical bills that are incurred as a result of any injury or liability. I/We give permission to the coach or other responsible person to seek medical aid if I, my spouse or guardian is not present.

PARENT/GUARDIAN SIGNATURE: _____

PLEASE RETURN COMPLETED FORMS WITH FEES TO MBS SCHOOL OFFICE.
FORMS CAN BE MAILED TO: 8033 BARRINGER RD. BR, LA 70817
(ADDITIONAL REGISTRATION FORMS ACCESSIBLE @ mbsbr.org)

ATTN: West Giffin, Parish A.D. Email: wgiffin45@icloud.com Office #: (225) 752-6230
(OR) ATTN: Christine Rabalais, MBS A.D. Email: chrabalais@mbsbr.org Office #: (225) 751-9479