

2026 T-Ball Registration Form

For Boys and Girls Ages 4 through 6 as of January 1, 2026

VABA may move players to 8U teams as needed to support player development, competitive balance, safety, and overall program needs. Any such updates will be communicated.



Registration Cut-Off Date: March 31, 2026

FEE \$25 PER PLAYER

****PLEASE COMPLETE ALL INFORMATION****

Return form and payment by mail to VABA, PO Box 302, Valparaíso, NE 68065

Player's Name: _____ Gender (Circle): Female or Male
Date of Birth: _____ Age (as of Jan 1): _____
School: _____ Grade (2025-2026 school year): _____
Allergies: _____

T-shirt Size (Circle): YXS YS YM YL YXL AS Other _____

Parents/Legal Guardians: _____
Address: _____ City/State _____ Zip _____
Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____
Email 1: _____ Email 2: _____

Interested in being a coach (circle): Head Coach? Yes or No Assistant Coach? Yes or No

The Valparaíso American Legion and VABA will again be providing Baseball/Softball Sports Accident Insurance for boys and girls; however it is recommended that each participant have their own insurance as well.

INFORMED CONSENT

I hereby give permission for my child, _____, to participate in the Valparaíso Area Ball Association (VABA) ball program. I assume all risks and hazards associated with this sport and I do hereby waive, release, indemnify and hold harmless all coaches, assistants, umpires or members of the Valparaíso Area Ball Association from any claim arising out of injuries that may occur from participation. I grant permission to VABA to photograph or record my child for nonprofit use, including the website, social media, newsletters, and program promotion. Participation is voluntary, no compensation is provided, and permission may be revoked in writing. I authorize volunteer emergency treatment of an injury to or illness of my child. I have received a copy of the concussion facts handout. I also have received the parent code of conduct, and agree to the terms of the parent code of conduct.

Parent or Guardian Signature: _____

Total Paid: _____ Check # _____ Cash _____