



2026 Registration Form

Registration Cutoff Date: Feb 15 - Late Registration Date: Feb 28

***After Feb 15, include an additional \$20 late fee.
Players will not be accepted after Feb 28.**

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

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

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

Team (Circle):

8U - \$35

10U - \$55

12U - \$65

14U - \$85

16/18U - \$100

JRS/SRS - \$100

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

VABA relies on volunteers from the player's families to help keep costs down. All parents must work two concession stand shifts per player. For an additional \$100 per player, you may "buy" your way out of working your two concession stand shifts. If you do not pay the "buy out" fee with registration, you are required to work your two shifts.

Concession Stand "Buy out" Choice:

_____ I agree to work my two concession stand shifts

_____ I am including an additional \$100 and will not be working my two concession stand shifts.

The Valparaiso 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 Valparaiso 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 Valparaiso 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 _____