

BC Minor Baseball Team Registration Form									
	Player Last Name	Player First Name	Address	City	Postal Code	Spring Association	D.O.B. (MM-DD-YYYY)		Email
1									
2									
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17									
18									
Manager/Coaches									
	Last Name	First Name	Address	City	Postal Code	Ph. Number	NCCP #	Title	Email
1									
2									
3									
4									
Division:		Season:		Zone:					
Association Name:				Notes:					Received:
Official Team Name:									
Signature of Team Manager:				Email:					
Signature of Association President:				Email:					

Your signature, as an authorized signatory for the Baseball Association shown hereon confirms that;

1) All players shown are within your Association Boundaries or have approved BCMBA Player Movement Forms.

2) The Coaches and/or on-field Managers NCCP Certification meet or exceed the BCMBA Certification levels required as a group for the level/division of play shown hereon. See BCMBA Rulebook, Rule 11.02.

3) All players, Coaches and on-field Managers listed on the official roster will be shown on the team lineup card prior to the plate meeting at the beginning of all games.