

# Bloomington Youth Sports Association

## Travel Team Application - Field Notice of Intent

Applications for Spring / Summer Season (runs 1/15 – 8/15) request due 12/1

Applications for Fall / Winter Season (runs 8/15 – 1/15) request due 7/1

Email Application to [bysaflorida@gmail.com](mailto:bysaflorida@gmail.com)

Applications will be accepted up to the due date listed above and a decision will be made 10 days from that deadline date. Applications are reviewed by the BYSA Travel Committee and Executive Board. Copy of the BYSA Travel Rules found at: <https://bysa.website.siplay.com/Site/Travel-Ball>

Season Year: \_\_\_\_\_ Age Group: \_\_\_\_\_

Contact: Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Circle One: Baseball or Softball

*The undersigned agrees to assume all risks and hazards incidental to participation in events, programs, or facility use and any damage that may occur during an event while at Bloomington Youth Sports Associations complex. I hereby release, absolve, and agree to hold harmless Hillsborough County, Bloomington Youth Sports Association, and all other persons and legal entities acting on behalf of the Bloomington Youth Sports Association system and Hillsborough County.*

*By signing below, I agree that all completed information is accurate to my knowledge. I also acknowledge that I have received a copy of, and have read and understand, the Bloomington Youth Sports Association rules and Code of Conduct Policy.*

*Due to the overwhelming number of requests by traveling teams for field space, it has become necessary to implement changes and additions to the previous guidelines. Please make sure to read over and understand all rules and requirements before signing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OFFICE USE ONLY**

Registration Fee: \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Team Status: \_\_\_\_\_ Accepted \_\_\_\_\_ Denied Field: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

BYSA Authorization: \_\_\_\_\_ Date: \_\_\_\_\_