

Brainerd Lakes Area Baseball Association
Youth Baseball Association (BLABA)
Parent / Player Agreement

As **parent / guardian** of _____ (player's name),

- I / we have read the BLABA Handbook and agree to support and promote the philosophy of the association.
- I / we agree to abide by and follow the rules and guidelines of BLABA.
- I / we grant permission to allow my child's name, address, phone number, age and other personal information to be used as necessary by BLABA.

Parent / Guardian Signature _____ Date: ____ / ____ / ____

Printed Name _____

As a **participant** in BLABA I have read the BLABA Handbook.

- I agree to abide by, follow, support and promote the rules and guidelines of the Handbook.

Player Signature _____ Date: ____ / ____ / ____

Printed Name _____