

2026

BAMBINO (T-BALL) PARENTS INFORMATION SHEET & REGISTRATION FORM

1. REGISTRATIONS ARE SCHEDULED TO CLOSE ON SUNDAY APRIL 12 at 4:00pm. The office will be open to accept registrations on SATURDAY & SUNDAY'S ONLY from 2:00pm to 4:00pm starting on the following dates: **March 21 (SAT) & 22 (SUN), April 4 (SAT) and April 11 (SAT) & April 12 (Sun).** *DUE TO A LARGE OUTSIDE TOURNAMENT WE WILL NOT BE THERE ON MAR 28 & 29. WE WILL NOT BE THERE APRIL 5TH (EASTER SUNDAY).*
2. Final team assignments will not be made or available until after APRIL 19.
3. The team coaches will be provided with your contact information so they can notify you about practices, etc. So please make sure it is accurate and legible
4. Games will start MAY 12
5. The total number of games played will depend on the number of teams in the league.
6. You will need to provide your player with Glove, shorts or pants, shoes (Cleats are not required).
7. THE MOST IMPROTANT THING ABOUT THIS LEAGUE IS TO INTRODUCE YOUR CHILD TO A TEAM SPORT AND ALLOW THEM TO WORK ON HAND-EYE CORDINATION.
8. HAVE FUN!

MISSION STATEMENT: *A program to promote the highest ideals of sportsmanship and fellowship by providing fun, recreation, and competition through voluntary participation of both youth and adults. This program is intended to enhance the school athletic program and give all eligible person(s) the opportunity to participate in the sport of both slow & fast pitch softball.*

**BEN GEREN SOFTBALL ASSOCIATION
BAMBINO PLAYER REGISTRATION**
(2-5 years [age on Jan. 1, 2026] old T-Ball)

P.O. Box 11181
Fort Smith, AR 72917-1181

Office: (479)646-9517

Fax: (479)484-1659

www.bengerensoftball.com

DEADLINE: APRIL 13, 2026

SEASON: Spring 2026

COST (per player) = \$35.00
(\$40.00 w/debit or credit)

REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT

Registration begins FEBRUARY 8, 2026 and ENDS SUNDAY APRIL 12, 2026 @ 4:00PM.

The BGSA office will be open on SAT. & SUN. ONLY from 2-4pm 3/21 & 22, then on 4/4/26 and 4/11 & 12.

_____ Players Name		_____ Date of Birth
_____ Age as of January 1, 2026	_____ T-Shirt Size	_____ TEAM NAME or COACH (if known)
_____ Mailing Address		_____ City, State
_____ Parent/Guardian Name		_____ Zip
_____ Cell Phone		_____ Relationship to Player
_____ Other Phone		
_____ E-mail address (League uses it for weather, schedules, etc.)		_____ 2 nd E-mail
Parent willing to Coach or assist?		Yes No
Parent will allow child's picture to be placed in newspaper or on our website?		Yes No
I waive and release any and all rights and claims for damages against Ben Geren Softball Association, its officers, agents, and representatives for any and all injuries suffered by my child while participating in any Ben Geren Softball Association Program.		
_____ Signature of Parent		_____ Date

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