

# 2011 SYA BASEBALL REGISTRATION FORM – FALL BASEBALL

REGISTRATION COST: \$55 (\$60 IF RECEIVED AFTER 7/1)

(\$45 FOR SPRING SYA BASEBALL PLAYERS OR RETURNING FALL PLAYERS IF REGISTERED AND PAID IN FULL BY 5/31)

FUND RAISING BUY OUT: \$50

## PLAYER INFORMATION

Player's First Name: \_\_\_\_\_ Player's Last Name: \_\_\_\_\_

Parent(s) / Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Child's Age as of May 1, 2012: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

**(Level placement is generally based upon the level the child will be participating in for Spring Baseball next year)**

Do you reside in Salisbury Twp?  Yes  No

## HOLD HARMLESS, WAIVER AND INDEMNITY AGREEMENT

I/We, the parent(s)/guardian(s) of the above child, hereby give my/our approval to child's participation in any and all activities of the Salisbury Youth Association.

In doing so, I/we assume all risks and hazards incidental to such participation, including transportation to and from such activities, and so hereby waive, release, and absolve, indemnify and agree to hold harmless the Salisbury Youth Association, its Directors and staff, organizers, supervisors, and sponsors, other participants and persons transporting my/our child to or from SYA activities, from any claim of relating in any way to my child's participation in SYA activities, including any accident or injury resulting from any negligence of the SYA, its staff, coaches, volunteers or participants. I/We assume full responsibility for any expense which may be incurred as a result of accidental bodily injury occurred through participation in any and all such activities of the Salisbury Youth Association.

Signature of Parent(s) / Guardian(s) of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (Print)

## INSURANCE INFORMATION AND EMERGENCY PERMISSION

Name of Medical/Hospitalization Insurance Company and Insurance group numbers:

INSURANCE NAME: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

**In case of injury or emergency**, do we have your permission to take your child, at our discretion, to a doctor or hospital? Please indicate "Yes" or "No": \_\_\_\_\_ (IMPORTANT: If NO, a parent/guardian MUST be present at all events, including practices, for his/her child to participate.)

Whether or not you have insurance, your signature indicates that you understand you are responsible for all expenses related to any injury to your child.

**I have read, understand and agree to all terms and conditions.**

Signature of Parent(s) / Guardian(s) of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**SYA PARENT PARTICIPATION INFORMATION**

When you register your child(ren) to participate in one of our sports you automatically become a member of this Association, with all the rights and duties associated with this membership. **All Parents will be expected to contribute towards making the program successful by offering their assistance pro-actively when they see a need for assistance or when they see an opportunity to improve the program through their efforts.**

**These conditions and rules are not intended to make things difficult, but to aid the SYA and the program director in seeing that everyone does his/her fair share so we can have a successful season.**

If payment of any check is refused, your child will not be allowed to participate until full cash payment is received. Thank you in advance for your understanding and cooperation.

All parents and players may be required to sign and adhere to a Code of Conduct provided by the SYA/League as a condition of their attendance at League events. This program exists for the benefit of the children participating – any violations of this Code of Conduct, or any inappropriate behavior from parents towards Coaches, Umpires, or League Officials will not be tolerated and may result in a ban from League events or the removal of your child(ren) from this program.

**I have read the above paragraphs, as well as the attached guidelines for uniforms and fundraising, and fully understand and agree with them.**

**Signature of Parent/Guardian of Player:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PLEASE CHECK THE AREAS THAT YOU ARE INTERESTED IN HELPING WITH:**

- \_\_\_\_\_ **Assistant Director:** Assists the Director in administrating the overall Fall Baseball Program
- \_\_\_\_\_ **Head Coach** Runs the team; assists with all pre/post season activities.
- \_\_\_\_\_ **Assistant Coach:** Assists the Head Coach in coaching the team and with all pre/postseason activities
- \_\_\_\_\_ **Team Parent:** Assists the Head Coach with parent communications, events, uniforms, etc.
- \_\_\_\_\_ **Field Prep:** Helps drag and prepare the fields - we will need 2 or 3 people.
- \_\_\_\_\_ **Scorekeeper:** Keeps score for games and reports score to league officials

**COMMENTS / OTHER AREAS IN WHICH YOU WOULD LIKE TO HELP:**

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|----------------------|------------------------|-----------------------|--------------------|
| <b>SYA USE ONLY:</b> | Amount Received: _____ | Cash / Check #: _____ | Verified By: _____ |
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**Supplemental Registration Information**

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

**Team Placement**

Player's Age as of 5/1/2012: \_\_\_\_\_

2011 Spring Team: \_\_\_\_\_ 2011 Spring Coach: \_\_\_\_\_

(Example: CWL Midget #1 or SYA Minors – Phillies)

Projected 2012 Spring League/Team: \_\_\_\_\_

Special Requests for Fall 2011: \_\_\_\_\_

**Uniforms**

For Fall Baseball, all participants will receive a SYA hat, pants, and a personalized t-shirt that will be their game uniform. A \$15 uniform deposit will be required, and should be paid at the time of sign-up. Upon on-time return of the pants in acceptable condition (cleaned, no signs of unusual wear), the \$15 deposit will be refunded. All pants must be returned within two weeks of the end of the season, at dates/times specified by the Director, or the deposit will be forfeited.

**Shirt Size Needed:**                    YS      YM      YL      YXL    AS      AM      AL      AXL      AXXL

**Preferred Number:**                \_\_\_\_\_ (1<sup>st</sup> Choice)                \_\_\_\_\_ (2<sup>nd</sup> Choice)                \_\_\_\_\_ (3<sup>rd</sup> Choice)

(We'll do our best to resolve any conflicting number requests here, but there are no guarantees of a specific number).

**Pants Size Needed:**                    YS      YM      YL      YXL    AS      AM      AL      AXL      AXXL

**Fund Raising**

**All players are REQUIRED to participate in fund raising efforts to help offset operating costs. Each family must fulfill its financial obligation to SYA. If the fundraiser (or buy out) is not fully completed by August 15<sup>th</sup>, your child will not be eligible to play until all money is turned in.**

For 2011, our Fund Raiser will again be "play of the month" lottery tickets, which will be issued at or before the first practice. These tickets sell for \$5 each, and are valid for the month of September. Winners will be paid \$50. Each family will be expected to sell 15 tickets, with the money to be returned to the coach no later than August 15<sup>th</sup>.

\_\_\_\_\_ We will participate in the fundraiser (\$75 due by August 15th)

\_\_\_\_\_ We wish to opt-out of the fundraiser (\$50 fee payable at the time of signup)

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**SYA Use Only**

**League Age:** \_\_\_\_\_      **Team Placement:** \_\_\_\_\_      **Level:** \_\_\_\_\_      **Team #:**    1    2    3

**Total Amount Received:** \_\_\_\_\_

**Registration Fee Paid:** \_\_\_\_\_      **Buyout Paid:** \_\_\_\_\_      **Uniform Deposit Paid:** \_\_\_\_\_