



2018 PLAYER REGISTRATION

SOUTH EUCLID YOUTH SOFTBALL & BASEBALL ASSOCIATION
 T-BALL BASEBALL SOFTBALL

REGISTER BY MARCH 5, 2018 FOR EARLY REGISTRATION PRICING!

WALK-IN REGISTRATIONS: SOUTH EUCLID CITY HALL, UPSTAIRS ON:

Saturday, February 24 – 9 -11am Sunday, March 4, – 1 to 3am

Wednesday, March 14 , - 6 to 8pm Saturday, March 24 - 1 to 3pm

Player's Name _____

PLEASE PRINT CLEARLY

Home Address _____ CITY _____ ZIP _____

School _____ HOME PHONE _____

MONTH/DAY/YEAR

BOYS AGE AS OF 8/1/2018 – GIRLS AGE AS OF 9/30/2018

Birth Date T-BALL (COED)	BASEBALL	SOFTBALL
<input type="checkbox"/> T-BALL* (4-6, *Must be 4 by April 1,2018) <input type="checkbox"/> Free to the first 100 South Euclid residents who register in-person.** <input type="checkbox"/> \$20.00 South Euclid Resident, <small>Mail-in or Online</small> <input type="checkbox"/> \$30.00 Non-Resident, <small>Walk-in, Mail-in or Online</small> ** Proof of residency required.	(Age as of August 1, 2018) <input type="checkbox"/> MIGHTY MITES (7-8) - \$55.00 <input type="checkbox"/> MINOR (9-10) - \$60.00 <input type="checkbox"/> MAJOR (11-12) - \$65.00 <input type="checkbox"/> PONY (13-14) - \$70.00 <input type="checkbox"/> COLT *(15-18) - \$80.00 * Must register as a team	(Age as of September 30, 2018) <input type="checkbox"/> PIXIE* (6-8,*Must be 6 by 5.21.17) - \$45 <input type="checkbox"/> JR. PIGTAIL (9-10) - \$65.00 <input type="checkbox"/> JR. FAST PITCH (12U) - \$75.00 <input type="checkbox"/> SR. FAST PITCH (14U) - \$75.00 <input type="checkbox"/> H.S. FAST PITCH ** (15-18) - \$80.00 <input type="checkbox"/> H.S. Must Register as a TEAM**

NON-RESIDENT FEE – ADD A \$10.00 PER FAMILY

LATE REGISTRATION - ADD \$10⁰⁰ WHEN REGISTERING ANY PLAYER AFTER MARCH 5,2018

Player Shirt Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

2016 League/Team/Coach _____

Parent(s) or Guardian(s) Contact Information:

Name _____ Cell _____ Email _____

Name _____ Cell _____ Email _____

I give permission for my child to be eligible to be played up to the next higher league as a borrowed player if needed: Yes No

<p>Can you help? Please check the appropriate box: <input type="checkbox"/> Manager <input type="checkbox"/> Assistant Manager <input type="checkbox"/> Coach <input type="checkbox"/> Team Sponsor <input type="checkbox"/> SEYSBA Board Member <input type="checkbox"/> SEYSBA Volunteer <input type="checkbox"/> Equipment Donation <input type="checkbox"/> Cash Donation Are you interested in Umpiring? <input type="checkbox"/> Boys (Minimum 12 years of age) <input type="checkbox"/> Girls (Minimum 14 years of age)</p>
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➔➔➔➔➔ *Continue to back of page for additional information and Parent/Guardian signature* ➔➔➔➔➔

Does your child have any medical condition(s) or physical disabilities that should be brought to the manager's attention?

Yes No

Explain _____

Hospitalization:

I/We as parents or guardian have insurance coverage for the above named candidate in case of injury. Yes No

In the event that the above named candidate or any other members of my/our family, as participants, should be injured for any reason, I/We shall use my/our hospitalization insurance coverage and/or pay any and all costs for such injury and save harmless, indemnify, absolve and release SEYSBA, the organizers, sponsors, and supervisors.

I/We, the parents/guardian of the above named player, who is a candidate for a position on a SEYSBA baseball or softball team, hereby give my/our approval to his/her participation in any and all of the activities of the league. I/We irrevocably authorize SEYSBA to use a photograph, picture and/or electronic image of our child/ward. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to/from the activities. I/We do further hereby release, absolve, indemnify and hold harmless SEYSBA, the organizers, sponsors, and supervisors, any or all of them. In case of injury, I/We hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting the participant to/from activities. I/We will furnish a certified birth certificate of the above named candidate upon request of League Officials.

I, and my guests accept accountability for my/our behavior, actions and its/their outcomes. I understand that SEYSBA has a ZERO TOLERANCE policy and I/We can be ejected and/or suspended if I/We violate any SEYSBA code of conduct policy.

Refund Policy: I/We as parents or guardians understand that no refunds will be given after baseball and softball teams have been rostered and uniforms have been ordered.

Parent/Guardian Signature: _____ Date _____

THANK YOU FOR CHOOSING



WE ARE LOOKING FORWARD TO THE 2018 SEASON!

SEND MAIL-IN REGISTRATIONS TO:

SEYSBA 2017 Registration • P.O. Box 21165 • South Euclid • Ohio • 44121

REGISTER ONLINE @: www.seysba.com