



South Glens Falls Youth Baseball

Player Registration Form

Your child's
age on
April 30th

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Player Information:

Name		Birthday (mm/dd/yy)	School Child is Attending	
Address		Gender Boy Girl	Circle Uniform Size Youth Small Adult Small Youth Med. Adult Med. Youth Large Adult Large	
Town/Village				
Home Phone	Cell Phone			
email address				
List any physical / medical conditions or limitations (allergies, asthma, sight, etc.)				

Primary Contact:

Name	
Address	
Town/Village	
Home Phone	Cell Phone
email address	

Secondary Contact:

Name	
Address	
Town/Village	
Home Phone	Cell Phone
email address	

Coaching Interest:

Complete this section only if you would like to be considered for a coaching assignment. The league is under no obligation, and reserves the right to select all coaches.

Name	
Home Phone	Cell Phone
Requested Coaching Partner (not required)	

Registration Fees:

Check box if fees were collected on a sibling's form:

Base registration fee (\$40): \$ _____

Additional sibling(s) registration: \$ _____
(\$30 per sibling, \$100 max fee)

Payment in lieu of candy fundraiser: \$ _____

Total Collected:

(all fees are non-refundable)

Cash _____ Check No. _____

No. of candy boxes received: _____

\$

Write sibling's name in box if fees were collected on their form

Agreement/Disclaimer:

I/We, the parents (or guardians) of the above-named candidate for SGF Youth Baseball, hereby give my/our approval to participate in any and all baseball activities, including transportation to and from the activities, and in addition:

- I/We agree to abide by the rules of the Code of Conduct.
- I/We know that participation in baseball may result in serious injury and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and hold harmless SGF Youth Baseball and its organizers, sponsors, supervisors, board members and officers from all legal responsibilities.
- I/We agree to inform the league of any and all pertinent medical limitations or disabilities that may otherwise affect the safety of the above-named candidate.
- I/We, upon request, may be required to furnish a certificate of birth and/or proof of legal residence.

_____ Fees received by: (SGFYB Rep.) Date

_____ Signature of Parent or Guardian Date