



2020 T-BALL PLAYER REGISTRATION

SOUTH EUCLID YOUTH SOFTBALL & BASEBALL ASSOCIATION

ONLINE REGISTRATION CLOSES 04/05

WALK-IN REGISTRATION: SOUTH EUCLID CITY HALL, UPSTAIRS:

Please check www.SEYSBA.com for any other news or dates.

Saturday, February 8, 2020 – 10:00 AM – 1:00 PM

Sunday, March 8, 2020 – 12:00 PM – 3:00 PM

Saturday, April 4, 2020 – 10:00 AM – 1:00 PM

Player's Name _____

PLEASE PRINT CLEARLY

Home Address _____ CITY _____ ZIP _____

Primary Phone _____ Secondary Phone _____

Birth Date _____ AGE _____ Gender _____
MONTH/DAY/YEAR Must be 4 by 4/1/2020

Current Grade _____ School _____
To learn where our participation comes from

T-BALL (CO-ED)

Free T-Ball to the first 100 South Euclid residents who register **IN PERSON**. (Bring proof of residency).

\$20.00 South Euclid Resident, Mail-in or Online

\$30.00 Non-Resident, Walk-in, Mail-in or Online

- At live registration dates, SEYSBA can accept: cash, check, CashApp.
- Checks are to be made out to SEYSBA.
- Online registration can accept credit cards but not debit cards
- Reach out to SEYSBA regarding any concerns about meeting the registration deadline.

Preferred Practice Days*: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

*No assurances can be made but we may use this for team building.

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

2019 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

➔➔➔➔➔ Continue to back of page for additional information and Parent/Guardian signature ➔➔➔➔➔

For Administrative Use Only: Payment method _____ Entered by: _____

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 2020 SEASON!

SEND MAIL-IN REGISTRATIONS TO:

SEYSBA 2020 Registration • P.O. Box 21165 • South Euclid • Ohio • 44121

REGISTER ONLINE @ www.seysba.com