

St Johns Youth Baseball/Softball Association

Player Registration Form

PLAYER INFORMATION

Name: _____ Birthdate: _____ Age: _____
Address: _____ City: _____ Zip: _____
Phone # (w/area code): _____ Gender: M F
School: _____ Current Grade: _____
Parent/Guardian: _____ Phone: _____
Parent/Guardian: _____ Phone: _____
E-Mail: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship _____

LEAGUE/DIVISION

<u>CO-ED</u>		<u>GIRLS</u>		<u>BOYS</u>	
<input type="checkbox"/> T-BALL (Pre / Kindergarten)	<input type="checkbox"/> MINOR (3rd - 5th Grades)	<input type="checkbox"/> MINOR (3rd / 4th Grades)	<input type="checkbox"/> LITTLE (5th / 6th Grades)	<input type="checkbox"/> PONY (7th / 8th Grades)	
<input type="checkbox"/> PEE-WEE (1st / 2nd Grades)	MAJOR (6th - 8th Grades)	<input type="checkbox"/> LITTLE (5th / 6th Grades)	<input type="checkbox"/> PONY (7th / 8th Grades)		
	TRAVEL <input type="checkbox"/> 12U <input type="checkbox"/> 14U		TRAVEL <input type="checkbox"/> 8U <input type="checkbox"/> 9U <input type="checkbox"/> 10U <input type="checkbox"/> 11U		
			<input type="checkbox"/> 12U <input type="checkbox"/> 13U <input type="checkbox"/> 14U		

SHIRT SIZE

YOUTH SMALL MEDIUM LARGE
ADULT SMALL MEDIUM LARGE X-LARGE XX-LARGE

MEDICAL INFORMATION

Family Doctor/Preferred Hospital: _____

Please list any allergies, medical conditions, medications, etc: _____

FORMS AND RELEASES

I have read, understand and signed the following forms:

- Waiver of Liability and Release (SJYBA must have a signed copy of this form on file) Parent/Player
- Concussion Information Sheet (SJYBA must have a signed copy of this form on file) Parent/Player/Coaches
- Code of Ethics

Interested in being a Coach/Assistant Coach or volunteer? Y N (You must complete volunteer application)

Position/League _____

Parent/Guardian Signature: _____

COSTS / PAYMENT

Make checks payable to: SJYBA

T-Ball: \$65 / Player Boys and Girls Pee Wee: \$75.00 / player Minor Baseball/Softball League: \$90.00 / player

Girls Majors / Pony / Little League: \$95.00

Travel League: U8 - \$100 / player U9, U10, U11, U12, U13, U14 - \$150 / Player

LEAGUE USE ONLY

Paid by: Cash Check # _____ Date Paid: _____ Amount Received: \$ _____
of Players included in pymt: _____ Received by: _____