

2018 SPRINGFIELD SOUTHWEST BASEBALL ASSOCIATION

FALL REGISTRATION

Players are encouraged to register by mail prior to August 4th by sending applications and appropriate fee to: SSBA, P.O. Box 13394, Springfield, IL 62791-3394. Registration deadline is August 4, 2018. Games will be played on Saturdays and Sundays (coach pitch games will be played on Monday, Wednesday, and Saturdays). Games will begin the week of August 27th.

Coach-Pitch League: Boys & Girls, Ages 6-8. Fee \$65 (Includes: shirt, hat, and 10 games)

Minors: Ages 9-10 (going into Minors League next year). Fee: \$70 (Includes: shirt, hat, and 10 games)

Majors: Ages 11-12 (going into Majors League next year). Fee: \$75 (Includes: shirt, hat, and 10 games)

NO ADDITIONAL FUNDRAISING REQUIRED

NOTE: If you have a preference for your child to play with a certain team or friend, please list on other side. The league will attempt to accommodate your request.

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FALL REGISTRATION INFORMATION

PLAYER'S NAME _____ DATE OF BIRTH: ____/____/____

ADDRESS _____ CITY _____ ZIP CODE _____

SCHOOL ATTENDING _____ GRADE _____

LEAGUE & COACH LAST YEAR _____

HOME PHONE _____ AGE ON 5/1/2018 _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S CELL PHONE _____ MOTHER'S CELL PHONE _____

PREFERRED EMAIL ADDRESS _____

MAKE CHECKS PAYABLE TO: SSBA, P.O. Box 13394, SPRINGFIELD, IL 62791

NO REFUNDS WILL BE MADE

LEAGUE (check one): FEES (circle one):

_____ Coach-Pitch \$65.00 _____ Minors \$70.00 _____ Majors \$75.00

SHIRT SIZE (circle one): YOUTH: Small Medium Large ADULT: Small Medium Large X-Large XX-Large

Parent (guardian) – I am willing to help the team by volunteering for (circle): Coach Assistant Coach

WAIVER OF LIABILITY (must be signed by parent or guardian to be valid registration)

There is no insurance provided by the SSBA. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the SSBA and its officers, agents, servants and employees. I do hereby fully release and discharge the SSBA and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss which I may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the SSBA and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the above Program Details and Waiver and Release of all Claims. In the event of injury to my child, and I cannot be reached immediately, I hereby authorize the manager or coach in charge to provide first aid or treatment as deemed necessary which might include hospital treatment or admission until such time as I can be contacted.

X _____ Date _____

(Signature of Parent or Guardian required for all participants 18 years and under.)



SSBA OFFICE USE ONLY

PAID: Cash Receipt # _____ Check # _____ Team _____ OK _____