

Birth certificate is REQUIRED in order to register.

Player Name: _____ Phone: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female

Player Email Address: _____ include if you want to receive email from SSYB

Guardian Name: _____ Phone: _____ Relationship: _____

Email Address: _____ include if you want to receive email from SSYB

Employer: _____ Work Phone: _____ Cell phone: _____

Guardian Name: _____ Phone: _____ Relationship: _____

Email Address: _____ include if you want to receive email from SSYB

Employer: _____ Work Phone: _____ Cell phone: _____

Division	Min	Max	Shirt Size	Hat Size:
	Age	Age		
	by April 30, 2011			
<input type="checkbox"/> Babe Ruth	13	15	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth
<input type="checkbox"/> Major	11	12	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Adult
<input type="checkbox"/> Minor	9	10	<input type="checkbox"/> Youth Large	
<input type="checkbox"/> Rookie	7	8	<input type="checkbox"/> Adult Small	
<input type="checkbox"/> T-Ball Major	5	6	<input type="checkbox"/> Adult Medium	
<input type="checkbox"/> T-Ball Minor	4	5	<input type="checkbox"/> Adult Large	
			<input type="checkbox"/> Adult X-Large	
			<input type="checkbox"/> Adult XX-Large	
			<input type="checkbox"/> Adult XXX-Large	

The Registration Fee is \$65 per player or a maximum of \$90 per family

Please list any siblings playing in the league: _____

Registration fees alone do not cover operating expenses. Would you, your employer or someone you know like to sponsor your child's team? Team sponsorships are \$300.

Contact name: _____ Contact Phone: _____

A skills test, not including T-ball players, will be held Saturday, March 5, from 1:00 pm until 4:00 pm, and Monday, March 7, 5:30 until done. Rain-out information will be posted on our website, www.ssyb.com

I hereby give my approval allowing the above named player to participate in Siloam Springs Youth Baseball League activity. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and waive, release, absolve, indemnify, and agree to hold harmless Siloam Springs Youth Baseball supervisors and participants from any claim arising from any injury to the player. I give representatives of Siloam Springs Youth Baseball permission to secure emergency medical treatment for the player in the event I cannot be contacted within a reasonable period of time.

SSYB has a code of conduct that will be enforced. My signature below indicates that I have read SSYB's code of conduct and that I will abide by all stated requirements. I agree to accept any decision made by the board of directors in relation to enforcing the code of conduct. SSYB is committed to providing a safe environment that allows all participants the very best sports experience possible.

Signature of Parent/Guardian: _____ Date: _____

League Use Only
Birth Certificate: _____ (Y/N)
Player Fee _____ (Total siblings: _____)
Total Paid: _____
Date Paid: ___/___/___
<input type="checkbox"/> Check
<input type="checkbox"/> Check Number
<input type="checkbox"/> Cash