

**Birth certificate is REQUIRED in order to register**

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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 |  |                                |
| <b>On April 30, 2013</b>           |     |     |  |                                |
| <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    | 5   | 6   | <input type="checkbox"/> Adult Medium    |                                |
|                                    |     |     | <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 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 2<sup>nd</sup>, from 1:00 until done and Monday, March 4, 5:30 until done. Rain-out information will be posted on our website, [www.ssyb.org](http://www.ssyb.org)**

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 or Guardian: \_\_\_\_\_

| League Use Only   |           |
|-------------------|-----------|
| Birth Certificate | _____ Y/N |
| Player Fee        | _____     |
| Total Siblings    | _____     |
| Total Paid        | _____     |
| Date Paid:        | _____     |
| ___ Check         | _____     |
| ___ Check Number  | _____     |
| ___ Cash          | _____     |

Parent/Guardian/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Parent/Guardian/Custodian: \_\_\_\_\_ Signature