

Siloam Springs Youth Baseball
P.O. Box 924
Siloam Springs, AR 72761
www.ssyb.org

Spring Baseball 2014 Player Registration Form

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		
On April 30, 2014				
_____ Babe Ruth	13	15	_____ Youth Small	_____ Youth
_____ Major	11	12	_____ Youth Medium	_____ Adult
_____ Minor	9	10	_____ Youth Large	
_____ Rookie	7	8	_____ Adult Small	
_____ T-Ball	5	6	_____ Adult Medium	
			_____ Adult Large	
			_____ Adult X-Large	
			_____ Adult XX-Large	
			_____ Adult XXX-Large	

The Registration Fee is \$70 Per Player, \$95 Per Family of 3, \$15 for 4th player and above

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 1st, from 1:00 until done and Monday, March 3rd, 5:30 until done. Rain-out information will be posted on our website, 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