

# 2009 APPLICATION to PLAY BASEBALL or SOFTBALL

<b>PLAYER NAME</b> _____			<b>PHONE</b> _____		<b>GENDER:</b> M F CIRCLE ONE	
FIRST	MIDDLE	LAST				
STREET ADDRESS _____			CITY _____	ZIP _____	SCHOOL _____	AGE _____ (Boys April 30) (Girls Dec 31) 2009 2008
<b>BIRTH DATE</b> _____ / _____ / _____		<b>EMAIL</b> _____				
MONTH DAY YEAR		Note: (SYB will not sell your phone or email address)				
<b>If Player participated in 2008 list SYB:</b> LEAGUE _____ DIVISION _____ TEAM _____						
<b>BOYS Shirt CIRCLE ONE:</b>			<b>GIRLS Shirt CIRCLE ONE:</b>			
YOUTH S M L or ADULT S M L XL			YOUTH S M L or ADULT S M L XL			
List Brother(s) or Sister(s) playing Little League in 2009:						
NAME / AGE _____		NAME / AGE _____		NAME / AGE _____		

**PLAYER RESIDES WITH:**  Both Parents  Father  Mother  Guardian

FATHER NAME \_\_\_\_\_  
Please Print Address ONLY if different from player Additional Phone \_\_\_\_\_

MOTHER NAME \_\_\_\_\_  
Please Print Address ONLY if different from player Additional Phone \_\_\_\_\_

**STERLING YOUTH BASEBALL IS OPERATED BY VOLUNTEERS - YOUR HELP WOULD BE APPRECIATED I will consider the following:**  
 - COACH  - CONCESSION  - OFFICER  - UMPIRE  - MAINTENANCE  - SPONSOR  - OTHER \_\_\_\_\_

### Warning of Risk, Important Information - Please Read

Sterling Youth Baseball, Inc is committed to conducting its recreation programs and activities in a safe manner. SYB, Inc continually strives to reduce risk and insists that all participants follow safety rules and instructions that are designed to protect participant safety. You are solely responsible for determining if your minor child/ward are physically fit and/or is skilled for the activities contemplated by this agreement. Despite careful and proper preparation, instruction, medical device, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program. In this regard, it must be recognized that it is impossible for Sterling Youth Baseball, Inc to guarantee absolute safety.

### Waiver & Release of All Claims and Assumption of Risk

1. I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
2. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Sterling Youth Baseball Inc., the local Little League, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to return upon request the uniform and equipment issued to my/our child in equal condition as received except for normal wear and tear.
4. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding.
5. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

**I have read and fully understand the above important information, warning of risk, assumption of risk and wavier and release of all claims**

Please Print Participant Name \_\_\_\_\_

Signature of Legal Guardian or Parent \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be 18 or Legal Guardian or Parent)

NOTE: PARTICIPATION will be DENIED if the DATE and SIGNATURE of PARENT/GUARDIAN is not included on this Form.

## FAMILY CAP OF \$185.00

BOYS BASEBALL	check one	AGE	CIRCLE	GIRLS SOFTBALL	check one	AGE	CIRCLE
T-BALL LEAGUE	<input type="checkbox"/>	5 - 7	\$ 60.00	T-BALL LEAGUE	<input type="checkbox"/>	5 - 6	\$ 60.00
COACH PITCH LEAGUE	<input type="checkbox"/>	7 - 9	\$ 60.00	ROOKIE LEAGUE	<input type="checkbox"/>	7 - 8	\$ 60.00
ROOKIE LEAGUE	<input type="checkbox"/>	8 - 10	\$ 75.00	MINOR LEAGUE	<input type="checkbox"/>	9 - 10	\$ 75.00
MAJOR and MINOR LEAGUE	<input type="checkbox"/>	9 - 12	\$ 75.00	MAJOR LEAGUE	<input type="checkbox"/>	11 - 12	\$ 75.00
JR. & SR. LEAGUE	<input type="checkbox"/>	13 - 16	\$ 75.00	JR. & SR. LEAGUE	<input type="checkbox"/>	13 - 16	\$ 75.00
BIG LEAGUE /LEGION	<input type="checkbox"/>	16 - 18	\$ 75.00	BIG LEAGUE	<input type="checkbox"/>	16 - 18	\$ 75.00

RECEIPT # _____	<b>For Official Use Only</b>	Initials _____
<input type="checkbox"/> CASH \$ _____	Special Note: _____	
<input type="checkbox"/> CHECK \$ _____	CHECK # _____	RESIDENCY VERIFICATION _____
Total Received \$ _____	DATE _____	