

Saline Area Youth

Baseball & Softball, Inc.

P.O. Box 542, Saline, MI 48176

Player Application

Spring 2020 Season

website: www.saybs.org

Baseball

Softball

Choose the league based on player's age on April 30, 2020

	<u>Age</u>	<u>Early Bird</u>	<u>2/01/20-2/29/20</u>		<u>Ages</u>	<u>Ealy Bird</u>	<u>2/01/20-2/29/20</u>
<input type="checkbox"/> Tee Ball	5	\$90	\$105	<input type="checkbox"/> Tee Ball Softball	5-6	\$90	\$105
<input type="checkbox"/> Roberto Clemente Machine Pitch	6-7	\$115	\$130	<input type="checkbox"/> Coach Pitch	7-8	\$115	\$130
<input type="checkbox"/> Roberto Clemente Kid Pitch	8	\$115	\$130	<input type="checkbox"/> Kid Pitch JV	9-10	\$125	\$135
<input type="checkbox"/> Willie Mays	9-10	\$125	\$140	<input type="checkbox"/> Kid Pitch	11-13	\$135	\$150
<input type="checkbox"/> Pee Wee Reese	11-12	\$135	\$150	Yes! I would like to help improve SAYB&S - an organization benefiting my child and community. In addition to my player fees, I have enclosed a tax deductible contribution for: \$25 \$50 \$75 \$100 Other \$			
<input type="checkbox"/> Sandy Koufax	13-14	\$135	\$150				
<input type="checkbox"/> Mickey Mantle	15-18	\$170	\$185				

All applications received after 2/29/20 will be waitlisted.

My child is playing travel baseball

Player Information

Last Name		First Name	Middle Initial	Sex: M F
Address		Home Phone	School	Grade
City	Zip		Birthday (mm/dd/yy)	Age on 4/30/20
# of seasons played	Special Requests (We will do our best to accommodate as circumstances permit)			

Father Information

Mother Information

Name (Last, First)		Name (Last, First)	
Address (if different)		Address (if different)	
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone
Email		Email	
I would like to help with: Coaching Sponsors Fundraising Fields		I would like to help with: Coaching Sponsors Fundraising Fields	

Medical and Liability Waiver:

As a parent (or legal guardian) of the above named minor, I have verified that the information on this form is correct and I grant permission for this minor to participate in all of the activities of this sports program. I assume all risks and hazards incidental to such participation, including risk of serious injury, and do hereby release and waive all claims against Saline Area Youth Baseball & Softball, Inc., its officers, directors, coaches, sponsors, volunteers and other participants. I further grant permission for emergency first aid to be given to my child in case of injury. **I acknowledge that this registration form does not create a contractual obligation and that we are not entitled to a refund after the start of the season.**

Date
Signature of Parent or Guardian

Checks payable to SAYB&S.

Important Dates:

(see www.SAYBS.org website for details)

Evaluation day: (check website for age group and times)

Practices Start:
Wk of 4/8

Games Start:
~2 wks later

Picture Day:
TBD

(see website for details)

Season End:
Approximately
week of June 30th

SAYB&S feels all children should be able to participate in this program regardless of economic background. For information on financial assistance in hardship situations, please contact Deb Burton at saybs.reg@gmail.com.

For Official Use Only:

Date Received: _____ Check #: _____ Total: \$ _____ Players Fees: \$ _____ Contribution: \$ _____ Late Fee: \$ _____