

SEVIER COUNTY YOUTH BASEBALL ASSOCIATION
2018 Registration—Ages 5-14

Mailing Address: 1084 Johnson Bridge Rd, De Queen, AR 71832

Registration Deadline: 4:00PM, Sunday, February, 25 (2:00-4:00 @ De Queen Sportsplex) *No registration allowed after the deadline.*

Draft Date & Location: Sunday, March 4, 2:30PM @ De Queen Sportsplex *All players go through the draft.*

<u>Player Legal Name</u> (Must include middle name) <i>All new players must submit a copy of their official birth certificate.</i>	<u>Date of Birth</u>	<u>Age on April 30, 2018</u> (If born before Sept. 1, 2011)	<u>Age on August 31, 2018</u> (If born on/after Sept. 1, 2011)	<u>Last year's team and age group</u>
Player 1:				
Player 2:				
Player 3:				
<u>Parent(s):</u> If you are willing to coach this year, what age group? _____	<u>Address:</u>			<u>Phone:</u> Home: Cell: Work:

Return form, copy of birth certificate, and payment in a sealed envelope to one of the following locations:

De Queen players ages 5-12 and ALL 13-14 year olds: Shelter Insurance (Woods Agency), De Queen Parks Office, or mail to the address at the top of this form.

Make check/money order payable to *Sevier County Youth Baseball*.

Horatio Players ages 5-12: Horatio City Hall. Make check/money order payable to *City of Horatio*.

PARENTAL AUTHORIZATION

I, hereby give approval for my child/children to participate in any/all SCYB league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the person(s) transporting the player to/from activities, and any claim arising out of injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. (Dixie Youth Insurance Policy is a secondary policy similar to the insurance covering children in school. For any questions please talk with the SCYB representative at sign up.)

In consideration of this application being accepted, I hereby, for myself, my heirs, executors, administrators, waive and release any/all rights and claims for damages and losses I may have against the organization governing this league, its agents, representatives, successors and assign for any and all injuries suffered by me. I will abide by all the rules of the Sevier County Youth Baseball Association.

I also understand that there is a “**NO TOLERANCE RULE**” regarding behavior, and that I will be removed from the ballpark if any misbehavior occurs.

***Be aware the possibility of Saturday games does exist due to rainouts and tournaments.

<u>Fees:</u>	<u># of Players</u>	<u>SUBTOTAL</u>
Ages 13-14	____ X \$55	\$
Ages 5-12	____ X \$45	+ \$
Sibling Discount (\$5 each player starting with 2 nd player)	____ X \$5	- \$
<u>TOTAL REGISTRATION COST:</u>		
Cash, check, or money order accepted. Exact change only.		

Parent or Guardian Signature

Date

Call SCYB President Steven Hudson, 870-784-6116, with any questions.