

**S.S.J. YOUTH BASEBALL**  
**REGISTRATION FORM**

The S.S.J. Youth Baseball is organizing T-Ball, Coach Pitch, and Kid Pitch for children in the surrounding area.

Child's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

Contact person in case of emergency

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

LEAGUE:    T-Ball            Coach Pitch            Kid Pitch

COST if paid before April 10<sup>th</sup>:        \$40.00 per child

COST if paid after April 10<sup>th</sup>:        \$50.00 per child

Registration forms are to be completed and fees paid prior to start date of Wednesday April 10<sup>th</sup>, 2019.

Shirt Sizes (Please circle size required)

**Youth:**        Small Medium Large

**Adult:**        Small Medium Large X Large

It is the parents responsibility to be present while their child play's baseball to help ensure the safety of all children during game play.

Please fill out Medical information on reverse

**CURRENT MEDICAL CONDITIONS**

Allergies	Yes	No	Regular Medication	Yes	No
Type _____			Heart Condition	Yes	No
Medical Alert	Yes	No	Any Recent Injuries	Yes	No
Asthma	Yes	No	Has had and Illness lasting more than one week	Yes	No
Diabetic	Yes	No	Surgery in the past year	Yes	No
Epileptic	Yes	No	Been in Hospital in the past year	Yes	No
Wears Glasses	Yes	No	Any other Health problems that may interfere with playing baseball	Yes	No
Shatterproof lenses	Yes	No			
Wears Contacts	Yes	No			
Hearing Problem	Yes	No			

Please provide more details if Yes answers were given or if you child's current medical condition is not mentioned above:

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I understand it is my responsibility to keep the team management advised of any changes in the above information as soon as possible. I also understand that in the event of any injury and no one can be contacted, that team management will admit my child to hospital, if deemed necessary. I hereby, authorize the physician and nursing staff of any Emergency Unit to undertake examination, investigation, and any necessary treatment of my child.

The S.S.J. Youth Baseball Staff makes the safety of children a priority! All children must wear batting helmets while batting and running bases. Back catchers must wear the necessary protective equipment. All protective equipment will be supplied by the S.S.J. Youth Baseball Program.

I the undersigned give permission for \_\_\_\_\_ to play youth ball with the S.S.J. Youth Baseball Committee and do hereby absolve the Committee and its volunteers from all, or any liability that may be incurred in respect to the above player.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature