



# BUCKEYE BASEBALL / SOFTBALL YOUTH LEAGUE (BBSYL)

## 2019 Player Registration Form

Serving players within the Buckeye School District



Player's Name: \_\_\_\_\_ Male  Female

Player's Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Player's Birth Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_ Age as of 5/1/19 \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

Contact number for league/coach: \_\_\_\_\_ Email Address: \_\_\_\_\_

Did Player Play Last Year?  Yes  No Number of years playing organized baseball/softball: \_\_\_\_\_

Team/Coach child played for last year: \_\_\_\_\_

Requests (Not all requests will be honored): \_\_\_\_\_

**Player's Birth Certificate MUST be provided to the league, or be already on file with the league at the time of registration.**

Copy of Birth Certificate Provided

On File, Returning Player

### Hot Stove Classification & Registration Fees

BASEBALL			SOFTBALL		
Class	Age (as of 5/1/19)	Registration Fees	Class	Age (as of 5/1/19)	Registration Fees
<input type="checkbox"/> Farm	5 - 6	\$100	<input type="checkbox"/> Farm	5 - 6	\$100
<input type="checkbox"/> Class I	7 - 8	\$100	<input type="checkbox"/> Farm Major	7 - 8	\$100
<input type="checkbox"/> Class HH	9	\$115	<input type="checkbox"/> Class A	9 - 10	\$115
<input type="checkbox"/> Class H	10	\$115	<input type="checkbox"/> Class B	11 - 12	\$125
<input type="checkbox"/> Class GG	11	\$125	<input type="checkbox"/> Class C	13 - 14	\$135
<input type="checkbox"/> Class G	12	\$125	<input type="checkbox"/> Class D	15 - 18	\$140
<input type="checkbox"/> Class F	13 - 14	\$135			
<input type="checkbox"/> Class EE	15 - 16	\$140			
<input type="checkbox"/> Class E	17 - 18	\$140			
<input type="checkbox"/> Class D	19+	\$175			

Number wore last season \_\_\_\_\_

### Uniform Information

SHIRT SIZE	PANTS SIZE
<input type="checkbox"/> YS	<input type="checkbox"/> YS
<input type="checkbox"/> YM	<input type="checkbox"/> YM
<input type="checkbox"/> YL	<input type="checkbox"/> YL
<input type="checkbox"/> YXL	<input type="checkbox"/> YXL
<input type="checkbox"/> XS	<input type="checkbox"/> XS
<input type="checkbox"/> S	<input type="checkbox"/> S
<input type="checkbox"/> M	<input type="checkbox"/> M
<input type="checkbox"/> L	<input type="checkbox"/> L
<input type="checkbox"/> XL	<input type="checkbox"/> XL
<input type="checkbox"/> XXL	<input type="checkbox"/> XXL
<input type="checkbox"/> XXXL	<input type="checkbox"/> XXXL

If requesting a new number:

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

### COED - NON-TRAVEL

T-Ball 3 - 5 \$60

*If the numbers selected are not available, a number will be assigned by the league*

**\*\* Refunds will only be considered if the player moves out of the area or for medical reasons \*\***

Please include my \$5.00 donation for the NATR basket with this registration and inform my coach that I have already contributed.

The profits received from the concession stand are used to pay the league's umpire fees. To ensure that the league has adequate coverage for the concession stand, every registration will include a \$10 concession stand fee. You will be contacted via email prior to the start of the season with instructions of how to volunteer for concession stand duties to have this fee reimbursed to you. I have read the concession fee statement (Initial): \_\_\_\_\_

I (parent/guardian of above child) hereby give approval for the above child to participate in any and all activities of the BBSYL. I assume all risks and hazards incidental to such participation including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless BBSYL, and its board members, organizers, sponsors, supervisors, participants, field owners and persons transporting players to and from activities, from any claim arising out of injury to a player, except to the extent and in the amount covered by liability insurance held by the local league. My child and I also agree to abide by the Ohio Hot Stove association Code of Conduct, as defined in the current Ohio Hot Stove Association Rulebooks.

Parent Or Guardian Signature (Player may sign if 18 or older): \_\_\_\_\_

Date: \_\_\_\_\_

**FORM CONTINUED ON BACK - PLEASE COMPLETE BACK SIDE OF FORM**

*** Official Use Only ***		
Registration Form Taken By: _____	Method Of Payment	Registration Total \$
Special Request: _____	<input type="checkbox"/> Cash	Concession Fee \$ 10.00
Coach _____	<input type="checkbox"/> Check # _____	Basket Donation \$
Other _____	<input type="checkbox"/> Credit Card Conf. # _____	NATR Tickets \$
	<input type="checkbox"/> Payment included with another player	Amount Due \$
Lindsay's Law Acknowledgement <input type="checkbox"/> YES <input type="checkbox"/> NO		
Birth Certificate Verified <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name(s) of other player(s) / team(s): _____		

Please complete either part 1 or part 2 below

**PART 1 – TO GRANT CONSENT**

In the event reasonable attempts to contact me at \_\_\_\_\_ (Phone #) or \_\_\_\_\_ (other parent or guardian), at \_\_\_\_\_ (Phone #) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor \_\_\_\_\_ (name/phone of preferred physician) or Doctor \_\_\_\_\_ (name/phone of preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted:

**IF YOUR CHILD HAS ANY MEDICAL CONDITION PLEASE LIST THEM HERE**

Signature of Parent or Guardian

Date:

**PART 2 – REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the BBSYL baseball or softball manger to take no action or to:

Signature of Parent or Guardian

Date:

**WEBSITE CONSENT:** The BBSYL maintains a website which may contain rosters, schedules, game locations, and team photos. If you wish your child **not** be identified on the league website check here:  I DO NOT wish to have any personal identifying information published on the website that includes my child.

**Parent/Guardian Participation & Responsibilities**

**Uniform Policy-** Buckeye Baseball/Softball Youth League will provide each player with a hat, jersey/shirt, pants, socks and belt (where applicable).

**Concession-** Each parent is required to work in the concession stand during the baseball season. Your cooperation and help in running the concession stand helps fund the umpire fees and keep costs at a minimum for the kids.

**Conduct-** As a parent/guardian, you will do your best to ensure that your child/children is/are at all practices and games. You also understand that it is up to the manager/coaches to set practice days/times and the scheduling of game days/times. You will communicate with the coach if your child will not be there when practices/games are scheduled. It is important that parents/guardians be involved in the child's experience if not as a manger or coach then as a supporter attending as many games and practices as possible. Only POSITIVE conduct is acceptable!

**Team Request-** We will do our best to accommodate parent/player requests but, we cannot guarantee your requests will be met.

→ **I have read and understand my responsibilities as a parent/guardian.** Initials: \_\_\_\_\_

**Concussion** I have been provided the handout on concussions, which I will review prior to my child participating in any baseball activities, including but not limited to BBSYL related practices and games. Initials: \_\_\_\_\_

**Lindsay's Law** All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest and review the ODH SCA handout. By signing the below you acknowledge that you have viewed these materials.

Parent / Guardian Signature

Parent/ Guardian Name (Print)

Date

Player/Participant Signature

Player/Participant Name (Print)

Date

I, \_\_\_\_\_ (volunteer's name) would like to:

Coach \_\_\_\_\_ Years of Experience

Experience comments:

Assistant Coach for \_\_\_\_\_

Team Parent  Umpire  Facilities Maintenance  Fundraising

**Shirt Size:**  S  M  L  XL  XXL  XXXL

Arrange a Team Sponsorship. Sponsor's Name: \_\_\_\_\_

**All positions are subject to league approval. All coaching positions require background checks. Umpires are required to be carded.**