



**SUMMERVILLE CATHOLIC  
YMCA T-Ball Form**

This registration is for playing on a Summerville Catholic YMCA School baseball team. The registration fee is **\$110 non YMCA members and \$70 for YMCA member (payable to SCS-sports)** to register, fill out this form (one per child) and return it to Jean Fox, at the school by Friday, April 13<sup>th</sup>. **NO REFUNDS!!**

**Circle one: Youth or Adult Hat      Shirt size: YS YM YL AS AM ALG ALXG**

**AGE GROUPS: T-BALL (K3-K5 YEAR OLDS) \*\*STUDENTS MUST BE 5 YEARS OLD OR YOUNGER BY MAY 1<sup>ST</sup> 2018**

**Player's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB** \_\_\_\_\_

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

**Grade:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent(s)/Guardian(s) Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contacts:** \_\_\_\_\_

**Parish attending** \_\_\_\_\_ **School** \_\_\_\_\_ **Active in CCD** \_\_\_\_\_

**COACHING:** \_\_\_\_\_ **Head Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_ **Team Mom**

**SPONSORSHIP**-if you are interested in sponsoring our baseball program please contact the Athletic Director, Jean Fox at 873-9310 ext. 109 or via email: jfox@summervillecatholic.org

**Company:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical**-please list any concerns such as allergies, handicaps, etc that we should be made aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS AUTHORIZATION**

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

**Parent(s)/Guardian(s) signature:** \_\_\_\_\_

**Parent(s)/Guardian(s) Name**  
**(printed):** \_\_\_\_\_