



226 Black Oak Boulevard, Summerville, SC 29485 ■ Phone 843-873-9310 ■ Fax 843-873-5709
www.summervillecatholic.org

**SUMMERVILLE CATHOLIC
YMCA T-Ball/Baseball Form
Deadline April 5th**

This registration is for any boy or girl wishing to play on a Summerville Catholic YMCA School baseball team. The registration fee is **\$110 non YMCA members and \$80 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 5th.

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

AGE GROUPS: T-BALL (3-5 YEAR OLDS) COACH PITCH: (6-9 YEAR OLDS) MAJOR: (10-12 YEAR OLDS)

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. 110 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): _____

NO REFUNDS!!