



2010 South Central Michigan Youth Baseball League Player Sign-Up Form

Player Name: _____
 Address: _____

 City, ZIP: _____
 Phone: _____
 Cell Phone: _____
 Birth Date: _____

Played for
 SCMYB before? Y / N
 If yes, coach name: _____
 Medical issues SCMYB
 should be aware of: _____
 Emerg. Contact Name: _____
 Emerg. Contact Phone: _____

Parent /Guardian Name: _____
 Address: _____

 City, ZIP: _____
 Phone: _____
 Cell Phone: _____
 e-mail: _____
 Relation to Player _____

Parent /Guardian Name: _____
 Address: _____

 City, ZIP: _____
 Phone: _____
 Cell Phone: _____
 e-mail: _____
 Relation to Player _____

By signing below, you agree to the following:

I give permission for my child to play in South Central Michigan Youth Baseball league. I will not hold South Central Michigan Youth Baseball or the coaches responsible for injuries to my child while playing in this league. If my child is injured while playing in this league, and I am not present, I give permission to have this child treated at a medical facility at the discretion of the provider there until I am contacted by the facility. If I am unable to transport my child to any away events, I give permission for my child to ride with a coach or a parent of another player. I will not hold South Central Michigan Youth Baseball, the coaches or anyone else responsible for any injuries to my child during transportation. I understand that the entry fee is non refundable except in the event that a roster spot is not available for my child or it is determined by the Board of Directors of South Central Michigan Youth Baseball that participation of my child is a safety concern to him/her.

Player Signature

Parent/Guardian Signature

Date

Date

TO BE FILLED IN DURING SIGNUP SESSION																				
Hat Size					Pant Size								Shirt Size							
1	2	3	4	5	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	YS	YM	YL	AS	AM	AL	AXL

For SCMYB use only.				
\$ _____	Cash	Check # _____		
Initials: _____		U10	U12	U14