



# 2012 South Central Michigan Youth Baseball League Player Sign-Up Form

**Player Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address (cont): \_\_\_\_\_  
 City, ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 \*Cell Phone: \_\_\_\_\_  OK to text  
 Birth Date: \_\_\_\_\_

Medical issues SCMYB \_\_\_\_\_  
 should be aware of: \_\_\_\_\_  
 Played with SCMYB before? Y N  
 If yes, coach name: \_\_\_\_\_  
  
 Throws: R L BOTH  
 Bats: R L BOTH

### Parent/Guardian 'A'

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  Same  
 Address (cont): \_\_\_\_\_  
 City, ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 \*Cell Phone: \_\_\_\_\_  OK to text  
 e-mail: \_\_\_\_\_  
 Relation to Player: \_\_\_\_\_

### Parent/Guardian 'B'

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  Same  
 Address (cont): \_\_\_\_\_  
 City, ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 \*Cell Phone: \_\_\_\_\_  OK to text  
 e-mail: \_\_\_\_\_  
 Relation to Player: \_\_\_\_\_

Emerg. Contact Name: \_\_\_\_\_  
 Emerg. Contact Phone: \_\_\_\_\_  
 Emerg Contact Relation: \_\_\_\_\_

**\*Texting is for purposes of practice/games schedule changes or information directly relating to the team or league.**

**By signing below, you agree to the following:**

I give permission for my child to play in South Central Michigan Youth Baseball (SCMYB) league. I will not hold SCMYB 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 SCMYB, 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 SCMYB 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.			
\$50 FR Buyout	U10	U12	U14
BC collected	BC on file		
Total \$ _____	Paid \$ _____		
Init: _____	Cash	Check # _____	
Multi Player Pymt _____			