

# SPENCER YOUTH BASEBALL & SOFTBALL ASSOCIATION

## GIRLS 1<sup>st</sup> – 8<sup>th</sup> grade

Grade Currently Attending (circle one) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>  
 (FEES: K-2<sup>nd</sup> = \$30.00 3<sup>rd</sup> – 8<sup>th</sup> = \$45.00)

Player's Name: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_  
Month Day Year

Parent/Guardian Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cellular(texts will be sent to) Cellular(alt.) cell provider

E-mail Address \_\_\_\_\_

Please send any questions, concerns or comments to: spencerlittleleague@smunet.net

How many games did player pitch in last year? \_\_\_\_\_

How many games did player catch in last year? \_\_\_\_\_

### UNIFORM INFORMATION

Please make sure that you try on all uniforms before marking your selections. You are responsible for your selections. Any uniform reorder fee charged by our supplier will be passed on to the player.

Shirt Size (circle one):                      Youth Small (6-8)                                      Adult Small  
    Youth Medium (10-12)                                      Adult Medium  
    Youth Large (14-16)                                      Adult Large  
       Adult X-Large

Pant Size:(circle one) **Youth**    ys    ym    yl    yxl                      **Adult**    am    al    axl    axxl  
(3rd – 8th grade only)

### SIBLING INFORMATION

Does player have any siblings playing in the same league? YES    NO    Name: \_\_\_\_\_  
 Does player wish to be placed on the same team?                      YES    NO

**OVER**

# PARENT CONSENT

Unless indicated here, the player does not have any medical condition the league needs to be aware of: \_\_\_\_\_

\_\_\_\_\_ I give my permission to seek medical help in an emergency.

\_\_\_\_\_ Please contact me prior to seeking medical help for my child.

In my absence, please contact the following individual in the case of an emergency:

Name \_\_\_\_\_ Number \_\_\_\_\_

The Undersigned, parent/guardian of \_\_\_\_\_, a minor child, hereby consents to the participation of said child in the baseball/softball program to be conducted by the Spencer Youth Baseball & Softball Association. In addition, to further agree to hold harmless, the said association, its officers, directors, members, agents and employees, from any and all claims, actions or demands, of said minor and said youth program.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

YES NO (circle one) I would like to serve as a head coach, if a team is available.

YES NO (circle one) I would like to serve as an assistant coach, if help is needed.

YES NO (circle one) I am interested in umpiring.

\*\*\*\*\* For League Use Only \*\*\*\*\*

Record of payment:

**PLAYER REGISTRATION FEE (K – 2<sup>nd</sup>): \$30.00**

**PLAYER REGISTRATION FEE (3<sup>rd</sup> – 8<sup>th</sup>): \$45.00**

**LATE REGISTRATION FEE WILL APPLY TO ALL PLAYERS REGISTERED AFTER MARCH 1<sup>ST</sup>, 2012.**

REGISTRATION FEE \$ \_\_\_\_\_

LATE FEE (AFTER 3-01-12) \$25.00 \_\_\_\_\_

**TOTAL** \_\_\_\_\_

CK # \_\_\_\_\_

PLEASE ATTACH ALL REGISTRATIONS WITH CHECK TOGETHER