

Sullivan County Youth Baseball & Softball League Inc.

2024 Registration

CAL RIPKEN BASEBALL & SOFTBALL

Player Information (Please PRINT CLEARLY)

First _____ Nickname _____ Middle _____ Last _____

Physical Street Address _____

Mailing Address _____

Date of Birth _____ **Age on May 1, 2024:** _____ **Sex (Circle):** **MALE** **FEMALE**

Circle Primary:

Parent/Guardian#1 _____ Home # _____

Cell # _____ Email Address: _____

Parent/Guardian#2 _____ Home # _____

Cell # _____ Email Address: _____

Team Preference: Age of player determined as of May 1, 2024

	4-6 Tee Ball		7-8 Coach Pitch Rookie Baseball		9-10 Cal Ripken Minor Baseball		11-12 Cal Ripken Major Baseball
			7-8 Coach Pitch Rookie Softball		9-10 Cal Ripken Minor Softball		11-12 Cal Ripken Major Softball

Uniform: Hat & Shirt included.

Shirt Size: YS (6-8) YM (10-12) YL (14-16) Adult S Adult M Adult L Adult XL Adult 2XL

Hat Size: Youth Adult

Registration Fee: \$65 per player; \$125 for two kids; \$185 for three kids etc

Make Checks Payable to: Sullivan County Youth Baseball & Softball League Inc.
Form MUST be postmarked no later than 3/15/24, otherwise registration is not guaranteed.

Mail completed applications along with payment to:

Liberty Cal Ripken
P.O. Box 281
Woodbourne, NY 12788
DO NOT send to the school, applications will be returned.

I/We, the parents of the above-named player, hereby give my/our approval for his/her participation in any and all League activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local League, its coaches and officials, the Sullivan County Youth Baseball & Softball League Inc., the organizers, sponsors, supervisors, and participants for any claims arising out of injury to my/our child. The League will not be responsible for physicals, however do recommend parents consult with their pediatrician to insure you child is fit for athletic sports before participating. I/We will provide the League with a copy of the player's birth certificate at registration, and a certified birth certificate upon request of League Officials. Photo Release: I hereby give permission to the Sullivan County Youth Baseball and Softball League Inc. to use any photographs taken of my child while participating in this program for the use of promotional media.

Parent/Guardian Signature _____ **Date** _____

Please check what areas of interest you have in volunteering:

Umpire Coach Assistant Coach Fundraising Field prep Other _____

For Use by League

Payment Cash Check# _____ Deposit Rec'd _____ Amount _____
 Individual Family Other Family Members _____