



South Dearborn Youth Baseball & Softball- Aurora



Registration Form

PLAYER INFORMATION

Player Name _____

Date of Birth ____ / ____ / ____ Years Played? _____

Gender Male Female Current Level? _____

Home Address _____

City/Zip Code _____ Jersey Size _____

PARENT/ GUARDIAN INFORMATION

Parent/Guardian Name _____

Email _____ Cell Phone _____

Relationship to Player _____

Parent/Guardian Name _____

Email _____ Cell Phone _____

Relationship to Player _____

EMERGENCY INFORMATION

Emergency Contact Name _____ Emergency Phone _____

Relationship to Player _____ Alternate Phone _____

Does your child suffer from a health condition that threatens their life? Yes No
If yes, please explain _____

TERMS & CONDITIONS

1. I/We will provide a birth certificate of the above named player by their first practice.
2. I/ We give my/our approval for the above named player to participate in any/ all SDYBSA activities.
3. I/ We know that participation in baseball or softball may result in injury and protective gear does not always prevent such injuries.
4. I/We agree that our child may be required to try out for an Allstar Team.
5. Family members may be required to work one shift at the concession stand during the regular season.

If your player is playing 10U or 12U, please provide three numbers they may want. We will try our best to get them one of the three. _____ League Use Only

Parent Signature _____ Date _____ Birth Certificate:

Fee Collected: