

SEVIER COUNTY YOUTH BASEBALL ASSOCIATION

2022 Registration—Ages 7-14

Mailing Address: 665 Johnson Bridge Rd. De Queen, AR 71832

Registration Deadline: February 27, 2022

Draft Date & Location: February 27, 2022- @ De Queen Sportsplex

Player Name (as it appears on birth certificate): \_\_\_\_\_

*\*\*All players must submit a copy of their official birth certificate.\*\**

*\*\*One form per player!!\*\**

Date of Birth: \_\_\_\_\_ Age on April 30: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Last year's team and age group: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Address:

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

<b>Fees:</b>
Ages 13-14: \$60 per player
Ages 5-12: \$50 per player
Cash/check/money order accepted. Exact change only.

**Return form, copy of birth certificate, and payment in a sealed envelope to one of the following locations by (insert date). After that date, bring to De Queen Sportsplex on (February 27).**

*De Queen players ages 5-12 and ALL 13-14 year olds:* Shelter Insurance (Woods Agency), De Queen Parks Office, or mail to the address at the top of this form. Make check/money order payable to *Sevier County Youth Baseball*. ***After (February 25th), bring form and payment to De Queen Sportsplex on (February 27***

**PARENTAL AUTHORIZATION**

I, hereby give approval for my child/children to participate in any/all SCYBA league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the person(s) transporting the player to/from activities, and any claim arising out of injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. The Insurance Policy is a secondary policy similar to the insurance covering children in school. For any questions please talk with the SCYBA representative at sign up.

In consideration of this application being accepted, I hereby, for myself, my heirs, executors, administrators, waive and release any/all rights and claims for damages and losses I may have against the organization governing this league, its agents, representatives, successors and assign for any and all injuries suffered by me. I will abide by all the rules of the Sevier County Youth Baseball Association.

I also understand that there is a "**NO TOLERANCE RULE**" regarding behavior, and that I will be removed from the ballpark if any misbehavior occurs.

*\*\*\*Be aware the possibility of Saturday games does exist due to rainouts and tournaments.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date