

SOUTHINGTON SOUTH (SSYAA) FALL BALL

CENTRAL CONNECTICUT FALL BASEBALL LEAGUE (CCFBL)

PLAYER REGISTRATION FORM

Player Name			
Address			
City, State, Zip			
Home Phone			
E-Mail Address			
Date of Birth (m/d/y)		League Age (=age last 4/30)	
Amount Paid		Cash or Check (Number)	
Payment Received By SSYAA Member (signature):			

PLEASE CIRCLE THE APPROPRIATE RESPONSE TO THE FOLLOWING TWO STATEMENTS ABOUT THIS PAST &/OR NEXT SPRING BASEBALL SEASON:

- My child played in the Southington South/North/West/Other/Did Not Play.
- My child played at the Babe Ruth/LL Major/AAA/AA/T-Ball Level.

PARENT #1		PARENT #2	
Name		Name	
Phone		Phone	
E-Mail		E-Mail	
MEDICAL INFORMATION:			
Emergency Contact			
Relationship to Player		Home Phone	
Work Phone		Cell Phone	

1. I/We, the parents/guardians of the above-named player, hereby give my/our approval to participate in any and all Fall Baseball activities.
2. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless SSYAA, CCFBL, the organizers, sponsors, supervisors, participants, officers, board of directors, coaches, and other affiliated persons from any claim arising out of any injury to my/our child whether the results of negligence or any other cause.
3. I/we agree to provide proof of player's legal residency and age upon request.

Signature: _____ Date: _____