



## South Suburban Youth Baseball League Registration Form

### Player Information:

Player Name:	
Date of Birth: (MM/DD/YYYY)	
Grade Entering Fall 2024: (e.g., 5th)	
T-Shirt Size (Youth): (XS, S, M, L, XL)	
Parent/Guardian Name:	
Contact Email:	
Contact Phone Number:	

### Emergency Information:

Emergency Contact Name:	
Relationship to Player:	
Emergency Contact Phone Number:	

### Medical Information:

- Does the player have any allergies or medical conditions that the league should be aware of? (Yes/No)
- If yes, please specify:

### Payment Information:

- Registration Fee: (Amount) \$
- Payment Method: (Circle one) Check Cash Online Payment (if applicable)

### Liability Waiver:

Please read the following waiver carefully before signing:

In consideration of being allowed to participate in the South Suburban Youth Baseball League (SSYBL) program, I, the undersigned, do hereby:



- **Acknowledge** that participation in the SSYBL program involves inherent risks of injury, including but not limited to: bruises, sprains, strains, broken bones, and concussions.
  
- **Assume** all risk of personal injury or property damage arising from participation in this program, even if such injury or damage results from the negligence of the SSYBL, its coaches, volunteers, or other participants.
  
- **Agree to hold harmless** the SSYBL, its officers, directors, coaches, volunteers, and agents from any and all claims, demands, losses, or liabilities arising out of, or related to, my child's participation in the program.
  
- **Acknowledge** that I am solely responsible for ensuring my child has appropriate medical insurance coverage.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_