

## Spring 2013 Baseball Registration

http://southorlando.baberuthonline.com

SAY - P.O. Box 561556 - Orlando, FL 32856-1556

Player Information - Na							
(Bring copy Birth Certificate to		registration - the league no Middle Name		<i>ler keeps copies)</i> lame	Mick Name	Nick Name	
First Name		Middle Name		iame	NICK Name	Nick Name	
Street Address			City		State FL	Zip	
NOTE: NEW First time players must live in Orange or Seminole County to play in Spring All Star Games							
Home Phone		County		Player Email Address if applicable:			
Birth Date (mm/dd/yyyy)		Gender Female		Player Cell Phone if applicable:			
Please circle a Division	*	*Evaluations Required		Age player will be on April 30,2013			
Born after:	May 1, 200	•	May 1, 20		May 1, 1997	May 1, 1994	
But before: April 30, 2		- ·	April 30, 2	•	April 30, 2000	April 30, 1997	
Division Cal Ripk Coach Pi		•	Cal Ripk Minors	•	Babe Ruth B R 13-15	Babe Ruth B R 16 +	
Ages	4-6	7&8	9&10	11&12	13-15	16-18	
One Time Fee*	\$100	\$120	\$130	\$135	\$135	\$135	
*Registration includes Dri-fit shirt with name, socks, hat, trophy or participation medal, and photo item of league choosing (16-18 age group do not get trophies/medals). Player must provide a bat, glove and helmet. First time players should not purchase these items until parent attends parent clinic at evaluations. Evaluations are scheduled for early february and the season will run from February to May. Registration or payments received after 1/26 are subject to a \$25 late fee. Once rosters are selected, refunds will be made LESS \$25 upon written request through the second game of the season only. Return checks subject to processing fees.							
Please select a T-shirt size:							
Youth Small Youth Med Youth Large Adult Small Adult Med Adult Large Adult XL							
Please print CLEARLY the name as it should appear on your child's shirt     Other							
How did you hear about SAY Baseball and Softball							
Returning Player Billboard Flyer Road Sign School Event Friend Newspaper Facebook							
Parent Information							
Dad's Name		Dad's Cell		Dad's Email			
Mom's Name		Mom's Cell		Mom's Email			
South Orlando Babe Ruth is run by a team of dedicated volunteers who are not compensated for their time. Please							
indicate below how you may be able to assist this great organization:							
Coach Team Parent Field Day(s) Fundraising Tournaments Pictures/Trophies Registration Sponsor							
Comments							
I/We the parent(s) of the above named player hereby give approval for the same to participate in any and all league activities and understand photographs may be taken of my child by parents or the league for marketing use. I/We agree to hold harmless the SAY Baseball and Softball League and its representatives for any claim of injury except to the extent covered by the accident and liability insurance. I/We agree to have immediate medical attention given to the above named in the event of injury.							
Legal Authorization/Co	onsent for a	all the above items:					
Signature 💸		Date:	1 1	Relationship to player	7:		
OFFICAL USE ONLY							
Registration Fee:	\$_			Registered By:			
Sibling Discount \$10		YES / NO		Date Register:	/	. /	
Other Discounts	_			Birth Certificate review	ved (Name/DOB):	YES / NO	
Donation:				Shirt Size Included?		YES / NO	
Total amount paid	\$			Notes:			
Check #	Cash	\$					
		· <del></del>					