2016 SPRINGFIELD SOUTHWEST BASEBALL ASSOCIATION REGISTRATION/EVALUATION INFORMATION

(Registration form opposite side)

www.ssba.us

Saturday, February 20, 2016 The HITTING Center 1800 South Dirksen Pkwy 2:00 p.m. – 5:00 p.m.

PLEASE NOTE:

BRING A <u>COPY</u> OF THE CHILD'S BIRTH CERTIFICATE, <u>NOT</u> THE ORIGINAL. THE LEAGUE KEEPS THE COPY ON FILE WITH THE REGISTRATION.

REGISTRATION

Tee-Ball, Coach-Pitch and Senior League players are encouraged to register by mail prior to February 20th by sending applications and appropriate fee to: SSBA, P.O. Box 32, Springfield, IL 62705. Tee-Ball, Coach-Pitch and Senior League registrants need NOT attend evaluations on February 20th.

Tee-Ball League*:

- Boys & Girls, Ages 5&6, register from 4:00 to 5:00 p.m.
- Birth dates between May 1, 2009 and April 30, 2011 Bring COPY of birth certificate.
- Fee: \$80 due February 20, 2016

Coach-Pitch League*:

- Boys & Girls, Ages 7&8, Grades 1&2, register from 4:00 to 5:00 p.m.
- Birth dates between May 1, 2007 and April 30, 2009 Bring COPY of birth certificate.
- Fee: \$80 due February 20, 2016

Senior League:

- Ages 13&14, Grades 7&8, register from 4:00 to 5:00 p.m.
- Birth dates between May 1, 2001 and April 30, 2003 Bring COPY of birth certificate.
- Fee: \$110 due February 20, 2016
- Bat Restrictions must comply with IESA rules

NO ADDITIONAL FUNDRAISING REQUIRED

*NOTE: Tee-Ball and Coach-Pitch leagues only – if you have a preference for your child to play with a certain team or friend, please list on other side. The league will attempt to accommodate your request.

REGISTRATION AND TRY OUT

MINOR AND MAJOR LEAGUE PLAYERS NOT ON A SSBA TEAM IN 2015 (OR IF YOU WISH TO CHANGE TEAMS) MUST ATTEND TRY OUTS TO ASSURE A TEAM PLACEMENT.

Minor League:

- Ages 9 & 10, Grades 3&4, register from 3:00 to 4:00 p.m.
- Birth dates between May 1, 2005 and April 30, 2007 Bring COPY of birth certificate.
- Fee: \$90 due February 20, 2016
- Bring glove, player evaluations begin at 4:00 p.m.
- Bat Restrictions see www.ssba.us

Major League:

- Ages 11 & 12, Grades 5&6, register from 2:00 to 3:00 p.m.
- Birth dates between May 1, 2003 and April 30, 2005 Bring COPY of birth certificate.
- Fee: \$100 due February 20, 2016
- Bring glove, player evaluations begin at 3:00 p.m.
- Bat Restrictions see www.ssba.us

If unable to attend registration and tryouts, send registration form with appropriate fee by 2/20/16 to:

SSBA, P.O. BOX 32, SPRINGFIELD, IL 62705

(Players not attending evaluations will be placed in a blind draft.)

APPLICATION AND FEE DUE FEBRUARY 20, 2016 2016 SPRINGFIELD SOUTHWEST BASEBALL ASSOCIATION REGISTRATION/TRYOUT INFORMATION

www.ssba.us

LAYER'S NAME		DATE OF BIRTH:/		
ADDRESS		CITY	ZIP CODE	_
SCHOOL ATTENDING			GRADE	_
LEAGUE & COACH LAST Y	EAR			_
HOME PHONE		AGE ON 05/01/2016		_
ATHER'S NAME		MOTHER'S NAME		_
FATHER'S WORK PHONE		MOTHER'S WORK PHONE		
PREFERRED EMAIL ADDRE	ESS			_
MAKE CHECKS PAYABLE T LEAGUE (check one):		SPRINGFIELD, IL 6 FEES (circle one):	52705	
	Tee-Ball	\$80.00		
0	Coach-Pitch	\$80.00	NO REFUNDS	
N	Minors	\$90.00	WILL BE MADE	
N	M ajors	\$100.00	NO FUNDRAISING REQUIRED!	
NOTE – REGISTRATI HOWEVER, ALL EFFOR SHIRT SIZE (circle one):			/2016 ARE NOT GUARAN SUCH INDIVIDUALS.	NTEED A SPOT
YOUTH: Small Medium I		e X-Large XX-Large	KEEP***	
			***ALL GAMES PLAYED SOUTHWEST SIDE FIELD	
assume the full risk of any injuries, incl associated with such program. I agree t servants and employees. I do hereby ful including death, damages or loss which harmless and defend the SSBA and its of sustained by me and arising out of, com Details and Waiver and Release of all C	nust be signed by passBA. As a participant in luding death, damages or to waive and relinquish a lly release and discharge. I may have or which ma officers, agents, servants nected with, or in any wa Claims. In the event of in	arent or guardian to In the program, I recognize an loss which I may sustain as Il claims I may have as a rest the SSBA and its officers, any accrue to me on account of and employees from any and any associated with the activiting to my child, and I cannot be accounted to the activiting the		s connected with or SSBA and its officers, agents, I claims from injuries, ree to indemnify and hold eath, damages and losses rstand the above Program the manager or coach in
X_ (Signature of Parent or Guardia	. 10 11		Date	
(Signature of Parent or Guardia		rticipants 18 years and	under.)	••••••
PAID: Cash Receipt # Check #		SSBA OFFICE USE Birth Cert. Hospital Record		
TEAM:		Playing Age		