Camillus Youth Softball & Baseball Association (csbababeruth.org)

2010 BASEBALL REGISTRATION FORM

(Use a separate form for each player – Fill out the form completely – Print legibly)

Player's Name: _____ Date of Birth: _____
Parent's/Guardian's Names: _____
Street Address: _____ City: _____ Zip: _____
Phone: _____ Cell: _____ E-Mail: _____

In CSBA baseball league last year? YES / NO
If yes, what league? ___Rookie ___Cal Ripken ___Babe Ruth ___Travel

2010 BASEBALL DIVISIONS AND FEES

Rookie (7 – 9 year olds) ($45)	**House Travel Team (16 – 18 year olds) ($150)**
Cal Ripken (10 – 12 year olds) ($75)	**W.G. Varsity Travel Connie Mack ($225)**
Babe Ruth (13 – 15 year olds) ($120)	**W.G. JV Travel Mickey Mantle ($225)**

West Genesee School District Resident? Y/N Non-residents add $10.00 per player

(1) ***Age Limits*:** All league age limits are based on the player's age as of April 30, 2010.
(2) ***Late Fees*:** There is a **$20 late charge** after **any** deadline – **no exceptions**.
(3) ***Family Discount*:** There is a $200 maximum registration fee per family. This applies to immediate family only (brother or sister) signing up at the same time and excludes all travel programs.

- **Send completed registration form and payment to:** [Make checks payable to: *CSBA Baseball*]
  CSBA Baseball
  PO Box 134
  Camillus, New York 13031

➢ **League Requirements:**
- Fund Raising: All players are required to sell one box of candy to help fund league activities OR pay a $30.00 opt-out fee **when signing up**. **Exceptions:** Babe Ruth and Travel – no candy sales required.
- Birth Certificates: All Baseball players **MUST** include a photocopy of their **birth certificate**

➢ **Important Dates & Deadlines:**
- Walk-in Registration: **March 11, 2010** at Shove Park: 6:00 pm – 8:00 pm
  March 13, 2010 at Shove Park: 9:00 am – 12:00 pm
- Mail-In Registration: Deadline for Rookies and Cal Ripken: **March 14, 2010**
- Mail-In Registration: Deadline for Babe Ruth and Travel: **April 30, 2010**

➢ **Liability & Waiver:**
- I/We, the parents or guardians of the player in the CSBA baseball program named above give my/our permission for his participation in all league activities and do hereby waive, release the CSBA, and anyone affiliated with it from all activities or claims arising out of injury to my/our child. The medical insurance policy carried by the parent/guardian is primary.

- **Parent/Legal Guardian Signature: _____ Date: _____**

← Please Turn Over, Read, and Sign Code of Conduct on Page 2 →

➢ **We Need Your Help:**
- Are you interested in becoming a Member/Coach in the CSBA? YES / NO

****** To continue being successful we NEED you to VOLUNTEER ******

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OFFICE USE ONLY:
- League Fee: $_____ League RL/CR/BR/GSBA (Family Max. Applied? Yes/No)
- Candy Opt-out: $_____
- Total Payment Received: $_____ (Cash / Check) No:_____
- **Birth Certificate Received**: YES / NO (*If not, it must be supplied ASAP)*