

Southwest Colorado Youth Baseball/Softball 2023 Season Player Registration Form



Player Name:				Birth Date:			
Mailing Address: Cit			City:	State, Zip:		p:	
Physical Address:		City:		State, Zip:			
Best Contact Number:			1	Years of Experience:		Experience:	
						•	
Father	or Legal Guar	Mother or Legal Guardian Information:					
Name:				Name:			
Phone:				Phone:			
Email:				Email:			
	l like to volunt			I would like to volunteer to:			
	cn () Sponsor g & sponsor info	Team ()Other		()Coach () Sponsor Team ()Other Coaching & sponsor info available online			
Coaciiiig	3 & Sponsor Inio	avanable omme		Coacining & sponsor	IIIIO ava	mable offine	
	Division Team Info: **Circle Division and Fee Being Paid**				Last day to sign up: March 23, 2023		
	T-Ball	Random placement of p				\$65.00	
	Micros	Machine Pitch: random	•		ars)	\$95.00	
	9 / 10 U	Tryouts, all players dra				\$115.00	
	11U, 12U	Tryouts, all players dra	fted (age	11-to-14)		\$125.00	
	13U, 14U	CHECK A 1	ROX FOR	WHICH DIVISION			
		BASEBALL	DOM 1 O1		OFTBAL	L	
We offer a family discount of \$10.00 off for each additional player from the same family. The maximum fee per family is \$550.00. Please list the names of all additional family players: Player Shirt: Circle ONE SIZE (Your selection is what size shirt we will order for your ballplayer) YOUTH: XS S M L ADULT: S M L XL XXL Top 3 Uniform # Choices: Hat Size: Youth Adult (Hats are snap backs)							
Registra	Registration Deadline is March 23, 2023 . Late registrations WILL be placed on the waiting list.						
Registrat	Registration Fee: \$ less Family Discount (if applies) \$ plus Late Fee (if applies) \$ Total Amount Due for this Player: \$						
Parental Consent & Release: As a parent or legal guardian of the above named player, I hereby give my consent for his/her participation in any and all Southwest Colorado Youth Baseball / Softball (SCYB/SWCYS) activities during the current season. Furthermore, by signing below, I hereby release coaches, volunteers, organizers and/or participants of SCYB/SWCYS from all liability resulting from injuries or damages incurred while the above named player is participating in any event sponsored by SCYB/SWCYS. On behalf of the above named player, I accept any and all risks of injury.							
Signature:						Date:	
League Use Only:					Registration Date:		
Code of	Conduct: □ Yes	□No			Received By:		
1.		2. 3.			Ente		
1. 2. 3. Medical Release: □ Yes □No Notes:					Divis Coac		
\$		□Cash □Check #			Tean		

Southwest Colorado Youth Baseball/Softball 2023 Season Parent Code of Conduct

Preamble:

The essential elements of character building and ethics in sports are embodied in the concepts of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character".

I, therefore, agree:

- 1. I will not force my child to participate in sports.
- 2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- 3. I will learn the rules of the game and the policies of the league.
- 4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
- 5. Team parents will be given 1 warning. After the 1st warning they will be suspended for that game and the following 2 games. On the second offense they will be banned from the field for the remaining season.
- 6. I (and my guests) will not engage in any kind of unsportsman-like conduct with any official, coach, player or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
- 7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
- 8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- 9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- 10. I will teach my child that doing one's best is more important than winning so that my child will never feel defeated by the outcome of a game or his/her performance.
- 11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- 12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- 13. I will remember that children participate to have fun and that the game is for youth, not adults.
- 14. I will emphasize skill development and practices, and how they benefit my child, over winning. I will also de-emphasize games and competition at the lower age groups.
- 15. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
- 16. I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
- 17. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol, and I will refrain from their use at all sporting events.
- 18. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Date:	Player's Name:		
Parent Name:		Parent Signature:	
Parent Name:		Parent Signature:	



Player:



Baseball and Softball MEDICAL RELEASE



Date of Birth:_____Gender (M/F):_____



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Parent (s)/Guardian Name:	R						
Parent (s)/Guardian Name:	R	Relationship:					
Player's Address:	City:	State/C	ountry:Zip:				
Home Phone:	Work Phone:	Mobile Pho	ne:				
PARENT OR LEGAL GUARDIAN AUTH	IORIZATION:	Email:					
In case of emergency, if a family physe Emergency Personnel. (i.e. EMT, First	sician cannot be reached, I hereby au t Responder, E.R. Physician)	thorize my child to	be treated by Certified				
Family Physician:	Ph	Phone:					
Address:	City:	State/	Country:				
Hospital Preference:							
Parent Insurance Co:	Policy No.:	Group I	D#:				
League Insurance Co:	Policy No.:	League	e/Group ID#:				
Name Name	Phone Phone		Relationship to Player Relationship to Player				
	olems, including those requiring mainte	nance medication. ((i.e. Diabetic, Asthma, Seizure Disorder				
Medical Diagnosis	Medication	Dosage	Frequency of Dosage				
Date of last Tetanus Toxoid Booster:							
	n is to ensure that medical personnel have d		_				
Mr./Mrs./Ms Authorized Parent,	/Guardian Signature		Date:				
FOR LEAGUE USE ONLY:							
League Name:League ID:	_						