



St. Francis Xavier Youth Sports 2009 Baseball Registration

Visit us at: www.SFXyouthsports.com

ONE FORM PER PLAYER

PLEASE PRINT CLEARLY

DEADLINE 2/28/09



PLAYER NAME:			
ADDRESS:			
CITY / STATE / ZIP:			
HOME PHONE:	CELL PHONE:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH:
EMAIL #1:		EMAIL #2:	
SPECIFY DIVISION REQUEST USING CHART BELOW:		TEAM LAST YEAR:	ANY MEDICAL CONDITIONS:
FATHERS NAME: (ADDRESS IF DIFFERENT)			WORK PHONE:
MOTHERS NAME: (ADDRESS IF DIFFERENT)			WORK PHONE:
COMMENTS / REQUESTS: REQUEST TO PLAY WITH CERTAIN PLAYERS OR TEAMS ARE NOT GUARANTEED!			

VOLUNTEER: Coach Asst. Coach Sponsor Administration Field Maintenance Other

Co-ed Baseball Divisions :

Ages as of 4 / 30 / 09 - NO EXCEPTIONS !!

PEE WEE 5 - 6 YRS	Born Between: 5/1/02 - 4/30/04	\$80.00
PONY 7 - 8 YRS	Born Between: 5/1/00 - 4/30/02	\$80.00
CUB 9 - 10 YRS	Born Between: 5/1/98 - 4/30/00	\$90.00
BANTAM 11 - 12 YRS	Born Between: 5/1/96 - 4/30/98	\$90.00
SUPER BANTAM 13 & Under	Born Between: 5/1/95 - 4/30/96	\$110.00
GRASSHOPPER 14 & Under	Born Between: 5/1/94 - 4/30/95	\$130.00
*FRESHMEN 17 & Under	Born Between: 5/1/91 - 4/30/94	*\$200.00

Girls Softball Divisions :

Ages as of 4 / 30 / 09 - NO EXCEPTIONS !!

MUSTANG 7 - 10 YRS	Born Between: 5/1/98 - 4/30/02	\$90.00
BRONCO 11 - 12 YRS	Born Between: 5/1/96 - 4/30/98	\$90.00
COLT 13 - 15 YRS	Born Between: 5/1/93 - 4/30/96	\$120.00

- FAMILY FEE: \$10.00 OFF FOR ONE ADDITIONAL SIBLING LIVING IN THE SAME HOUSEHOLD**
- THREE OR MORE SIBLINGS LIVING IN SAME HOUSEHOLD: \$200.00* TOTAL FEE**

***FRESHMEN DIVISION IS NOT ELIGIBLE FOR FAMILY FEE**

- CHECK HERE IF INTERESTED IN SFX HUSKIES TRAVEL BALL**



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:
SFX YOUTH SPORTS
225 Sixth Avenue Brooklyn, NY 11215
Hotline # 1-888-739-1047

Emergency Authorization

I, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF THE PLAYER, A MINOR, HEREBY AUTHORIZE THE COACHES, ASSISTANT COACHES OR PARENTS OF TEAM MEMBERS ACTING IN THE CAPACITY OF ACTIVITY SUPERVISORS / VEHICLE DRIVERS, AS MY AGENTS, TO CONSENT TO EMERGENCY MEDICAL, SURGICAL, OR DENTAL EXAMINATION AND/OR TREATMENT. I HEREBY AUTHORIZE TREATMENT AND/OR CARE AT ANY HOSPITAL. If there is an emergency and I cannot be reached, please contact the following person who is hereby authorized to act on my behalf:

CONTACT NAME & PHONE#

WAIVER of LIABILITY and DISCLAIMER

I, the undersigned parent or guardian of the player, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of St. Francis Xavier Youth Sports are primarily administered by parents and others who volunteer their time rather than paid professionals. In consideration for accepting the registration of this player and permitting the voluntary participation of the player in it's programs, I hereby release, discharge, and hold harmless St. Francis Xavier Youth Sports, it's employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to the player while participating in St. Francis Xavier Youth Sports sponsored events, including any physical injury caused by the negligence of any official, umpire, or coach while performing his/her duties during any practices or games.

Furthermore, I understand that NYC Code § 10-138 is STRICTLY ENFORCED by SFX Youth Sports, and that any offensive behavior during games or practice by any official, coach, parent, player, spectator or other participant that violates this law may result in that individual being immediately banned from the ball field. Additional sanctions may be imposed including a permanent ban of said individual, INCLUDING THE PLAYER, from all activities sponsored by SFX Youth Sports. Additionally, I understand that all games of are played for both instruction and fun. All emphasis is toward developing teamwork, toward playing to best and toward developing and demonstrating the principles of good sportsmanship.

AUTHORIZATION AND WAIVER

For both the internal and external use, I authorize St. Francis Xavier Youth Sports to compile address and mailing labels and to utilize photographs of the player. I hereby waive all rights to compensation.

X PLEASE SIGN HERE
SIGNATURE OF PARENT/GUARDIAN

ADMINISTRATIVE USE ONLY

CHECK MONEY ORDER OTHER

REGISTRATION # _____