



Fall 2016

REGISTRATION FEE: \$35 Make Checks Payable to: City of Sevierville [] CASH [] CHECK TODAY'S DATE: / /

PLAYER INFORMATION:

First Name: _____ Last Name: _____
 Address: _____ City: _____ Zip: _____
 Phone: (____) _____ - _____ Date of Birth: _____ - _____ - _____ Age will be on 1/1/2016 _____ Sex [] Male [] Female
 Father's Name: _____ Cell Phone: _____
 Mother's Name: _____ Cell Phone: _____
 Mother's Email: _____ Father's Email: _____
 Name of School: _____ Number to receive text messages: _____

LEAGUE DESIGNATION:

Please put an "X" by the division your child will be in according to age. Players must play in their division specified by age unless approved by SMYBA Board of Directors. **Age cutoff for wee ball, t-ball, coach pitch baseball and softball, and minor baseball and softball is now January 1st. Cutoff for Major will still be May 1st.**

[] T-Ball (Ages 5-6) CO-ED
 [] Coach Pitch (Ages 7-8) CO-ED
 [] Minor (Ages 9-10) CO-ED
 [] Major (Ages 11-13) CO-ED

SOFTBALL [] Coach Pitch (Ages 5-8) [] Minor (Ages 9-11) [] Junior (Ages 12-14) [] Senior (Ages 15-17) If child is playing on team from last season TEAM NAME: _____

MEDICAL INFORMATION:

Medication being taken: _____

Pre-existing medical condition(s) – e.g. allergies, chronic illness, asthma, etc.

Other (non-parent) person to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

The undersigned, being the parent or legal guardian, does hereby give consent, without limitations to have the undersigned participant treated by any competent doctor in the event of illness or injury while participating in baseball/softball activities.

Participant Name:	Parent/Guardian Signature:	Date:
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PARENT PARTICIPATION:

A successful youth baseball program depends on the involvement of parents and other volunteers. Please check the list below and chose an area in which you will be willing to help during the season. Thank you!

MOM	DAD		MOM	DAD	
[]	[]	Coach	[]	[]	Team Sponsor
[]	[]	Asst. Coach	[]	[]	Fundraising
[]	[]	Team Parent			

Help us...help the children of this community! If you are able to help sponsor a child so he/she can play ball please check the appropriate box below and write the dollar amount you are able to donate. Any amount will be greatly appreciated!

[] Yes, I would like to help sponsor a child. Amount donated: \$ _____ [] Regretfully decline at this time I am unable to donate.

WAIVER:

*The undersigned states that he/she understands that the Smoky Mountain Youth Baseball Association is not and shall not be responsible for or liable for any illness, injury to person, or damage to property resulting from the program in which the undersigned is enrolling or from his/her participating in said program and the undersigned hereby releases the holds harmless the same Smoky Mountain Youth Baseball Association from any and all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have or claim to have resulted in any way from his/her participation in said program. *

"I certify that all information given on this sheet is true and accurate. I acknowledge my son's/daughter's eligibility will be forfeited if it is determined that any of this registration form has been misrepresented or falsified."

Please Note: Once a player plays up a division, the player cannot go back down.

Parent/Guardian Signature: _____ Date: _____

Please flip over and read and sign the back of this form, without it being signed your child cannot play.