



SEMMES BASEBALL ASSOCIATION  
 REGISTRATION & WAIVER  
 P.O. BOX 113  
 SEMMES, AL 36575



Date of Birth: \_\_\_\_\_ Today's Age: \_\_\_\_\_ Age on April 30: \_\_\_\_\_ Jersey Size \_\_\_\_\_

**NOTE:** Players will not be allowed to play up unless (1) They have a sibling in a higher league (2) They are in the grade that is appropriate for that league (ie 12Y = 6<sup>th</sup>, 11Y = 5<sup>th</sup>, 10Y = 4<sup>th</sup>, 9Y = 3<sup>rd</sup>, 8Y = 2<sup>nd</sup>, 7Y=1<sup>st</sup>), or (3) have played up at SBA prior to the 2014 season.

Player's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 (Birth Certificate Name)

Player's Address: (no P.O. Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer & Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer & Phone #: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Employer & Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Player's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like to be added to our email list?  Yes  No

Name of siblings participating at Semmes Baseball this season: \_\_\_\_\_

Has your child played organized baseball before? \_\_\_\_\_ Where? \_\_\_\_\_ Years: \_\_\_\_\_

Does your child have any condition which may affect his/her ability to play baseball safely? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**League Played in Last Year**

T-Ball (4-5Y) \_\_\_\_\_ T-Ball(6Y) \_\_\_\_\_ Peanut (7-8Y) \_\_\_\_\_ Minor (9-10Y) \_\_\_\_\_ Major (11-12Y) \_\_\_\_\_

**NOTE:** Players transferring from/to a Cal Ripken Park will not be allowed to participate in All-Stars for 1 year unless they have moved to a new home in the area. If a player leaves a Cal Ripken park for travel ball or other reason, that park becomes their Home Park. When a player returns to a Cal Ripken park other than their Home Park, they must sit out of All-Stars for 1 year.

By signature below, I give permission for my child to play baseball as a member of Semmes Baseball Association. By so signing, I release Semmes Baseball Association, its officers, managers, coaches and sponsors of any responsibility should any injury befall my child. In the event such injury should occur and I am not present, I authorize my child to be taken to the nearest hospital and/or be treated by a licensed physician. I further certify that to the best of my knowledge, my child has no illness or handicap that will prevent him/her from playing organized sports.

I agree to pay the applicable registration fees and other fees that might be deemed necessary by the association or its Board of Directors, and to abide by the By-Laws and Local League Rules. I also agree that if the Association has a returned check from the bank written by me, I will pay a \$30.00 fee and my child may not participate until the matter is cleared.

I understand that should my son/daughter stop playing for any reason, NO REFUNDS OF ANY FEES SHALL BE GRANTED. I agree to return all uniforms and equipment belonging to the Association at the end of the season. I will be responsible for providing transportation for my child to practice and games. I further understand that proof of residence may be requested from me (no Post Office Boxes).

Signature of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fees: 1<sup>st</sup> Child: **\$130.00** 2<sup>nd</sup> Child: **\$75.00** 3<sup>rd</sup> Child & more: **\$70.00**

Amount Paid: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Received by: \_\_\_\_\_



SEMMES BASEBALL ASSOCIATION  
 PARENT & LEGAL GAURDIAN FORM  
 P.O. BOX 113  
 SEMMES, AL 36575



\_\_\_\_\_

Print Player's Name

Draft # \_\_\_\_\_

League \_\_\_\_\_

Team \_\_\_\_\_

\_\_\_\_\_

Print Guardian Name

Mother      Father      Other  
(Circle One)

\_\_\_\_\_

Signature of Above

\_\_\_\_\_

If other (Relationship)

\_\_\_\_\_

Print Guardian Name

Mother      Father      Other  
(Circle One)

\_\_\_\_\_

Signature of Above

\_\_\_\_\_

If other (Relationship)

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_