LEAGUE USE ONLY

SPECIAL REQUEST(S) ONLY

EST. 1978

S.V.B.L. REGISTRATION for KNAPP RANCH PRO DIVISION

Make two checks payable as follows: $100 to SVBL and $20 to LA. R and P

PRINT CLEARLY

______________________ Player's Last Name ______________ Player's First Name M / F (circle one) ____________ Date of Birth ________ League Age

______________________________ Street Address __________________ City ______ ZIP ____________________ E-Mail Address-Write Clearly

Father/Guardian____________________________________ Father's Occupation________________________________

Work Phone (_______)_______________________________ Home Phone (________)____________________________

Mother/Guardian____________________________________ Mother's Occupation______________________________

Work Phone (________)_______________________________ Home Phone (________)____________________________

Emergency Contact__________________________________ Emergency Phone(_______)_________________________

PARENTS AND VOLUNTEERS ARE NECESSARY FOR THE SUCCESS OF THIS NON-PROFIT ORGANIZATION

As a parent of a player(s) in SVBL, your help as a volunteer is needed for the success of "your" child's league. Volunteers are needed in areas of Snack Shack, Team Coordinator, Scorekeeper, Field Maintenance, Board Member, and Umpiring.

ARE YOU INTERESTED IN MANAGING OR COACHING? YES_________ NO _______ MAYBE______

ARE YOU AND/OR YOUR CHILD INTERESTED IN UMPIRING? YES_____ NO______ MAYBE______

WHAT AREA IN THE LEAGUE WOULD YOU LIKE TO VOLUNTEER FOR?_________________________

Player Exp: Years Played__________ Last League Played__________ Last Spring Division and Team__________ Year_______

This registration is for the Pro Division ONLY (Ages 16-18)

Circle Player's Shirt Size: YOUTH (S M L) or ADULT (S M L XL XXL) (actual size may vary from manufacturer)

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<u>Parent Consent/Authorization</u>: I, the parent /guardian of the above named child, give my consent to his/her participation in any and all Simi Valley Baseball League activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from S.V.B.L. activities. I do hereby waive, release, indemnify, and agree any claim rising out of an injurty to the child named above. I understand that the insurance coverage carried by S.V.B.L. is only supplemental to that insurance covered for thte child named above. I agree to return upon request any equipment issued to the above named child in the same condition as when received, except for normal wear and tear. I agree to furnish a certified birth certificate of the above named child upon request of league officials. I accept and agree to abide by all decisions, directives, and rulings of the S.V.B.L Board of Directors. I futher understand that there will be no registration refunds after placement on a team.

<u>Authorization for Medical Treatment</u>: In the event of an emergency, I, the parent/guardian for the above named child do hereby authorize any Doctor/Hospital/Emergency Personnel to treat and administer any necessary emergency first aid for child named above.

Doctor's Name____________________________Phone (_____)______________ Date of Last Tetanus______________________

Allergies/Medical Problems____Current Meds__________________________________

(The above information is needed so that the medical personnel will have the knowledge of any medical problem which may interfere or alter treatment)

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in baseball activities.

During Spring Season Only: Division placement is subject to Manager's selection at the time of the draft (excluding T-Ball and Coach Pitch Divisions)

SIGNATURE OF PARENT/GUARDIAN____DATE_____________________

__________(Intial) I have read and agree to abide by the "Code of Conduct"

SVBL Sponsorship Drive Motto "Keeping Kids Clean in the Dirt"

SVBL is a non-profit organization run by volunteers. Registration fees alone cannot support the league.
For over 30 years, SVBL has continued to provide baseball programs to its youth with the help and support of the community.
SVBL needs YOUR help by way of sponsorships. These are many types of sponsorship opportunities available. Let's work together for the children.

Are you interested in sponsoring the league? Yes_________ No_________ MAYBE_________

*** * * LEAGUE USE ONLY * * ***

Birth Certificate Verified : Y N

Registration Fee Paid: $ 100.00 Check #________ Cash________

League Rep. Signature_____________________________

Date____

White – Manager **Yellow – Player Agent** **Pink – Registrar** **Goldenrod - Parent**