

St. Catharine Summer League

2017 Registration Form

c/o Jonathan Wilson

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Columbus, OH 43209

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INFORMATION: (One Player per Form)

Ages: Please check which league you are signing up for

___ 4, 5 yr. old boys and girls (t-ball),

___ 6, 7, 8 yr. old boys and girls (coach-pitch),

Fees: \$35 per child prior to May 9th; \$40 per child after May 9th

Register by Mail: mail all forms and a check with the registration fee to the address listed above.

PLAYER INFORMATION

Player's Full Name: _____ **Date of Birth:** _____

Gender (M/F): _____ **Shirt Size** _____

Mailing Address: _____ **City:** _____

Zip: _____

School: _____ **Grade(Spring 2017)** _____ **Home** _____

PARENT/GUARDIAN INFORMATION

Parents/Guardians (list both names):

Home Phone: _____ **Cell:** _____

Cell: _____

E-mail addresses: _____

**Please note that this year you can only request 1 player to be placed with in tee-ball and coach pitch
Player your son or daughter would like to play with**

Participation Acknowledgment:

I/We know that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless St. Catharine Summer League, its Board of Directors, the officers, organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Medical Release Form:

I/We authorize any St. Catharine Summer League representative to consent to emergency treatment, hospitalization or other medical treatment as deemed necessary by a physician, qualified nurse or hospital in the event of illness or injury during the course of the St. Catharine Summer League Baseball season. This authorization shall be valid for periods of time when my/our child is participating in Little League activities within the boundaries of St. Catharine Summer League or when traveling out of the boundaries of St. Catharine Summer League area. I/We hereby waive any liability of the St. Catharine Summer League, and/or its representatives arising out of such treatment.

PLEASE PROVIDE ANY HEALTH INFO TO SCSL SHOULD BE AWARE OF BELOW:

Family Physician: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

(PLEASE COMPLETE VOLUNTEER INFORMATION ON BACK)

**ST. CATHARINE SUMMER LEAGUE
2017 Volunteer Form**

SCSL is run entirely by volunteers! Please volunteer for any of the roles listed below that you would be willing to do. Please indicate your choices below:

I am able to volunteer my time in one or more of the following ways (**Check all that apply**):

- Team Coach** (you must have taken protecting gods children class and have been fingerprinted to coach)
- Team Assistant Coach** If a manager has already asked you to help coach his/her team, please check here → Manager's name: _____
- Field Lining and Preparation** - Line and/or prepare fields prior to game time. You will be contacted by the league to schedule times to help with field lining. You must be willing to show up before game times.
- Team Sponsor** - Interested in being a team or league sponsor. An SCSL representative will contact you to answer questions and work out details. See sponsor contribution levels below for cost information.

FEES SECTION

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PLAYER REGISTRATION FEE

--\$35 T-Ball , \$35 Coach Pitch - (includes hat, shirt, and league equipment, player will need a glove)

SPONSORSHIP

Interested in sponsoring a team (\$200) _____

We appreciate your support-additional contribution to our program:

TOTAL (Cash or Check made out to "ST. CATHARINES")

\$ _____