

2024 BASEBALL / SOFTBALL REGISTRATION FORM



REGISTRATION IS OPEN BASED ON THE BELOW DEADLINES OR UNTIL TEAMS FILL.
Questions? Call: (803) 924-8328 or (803) 321-1015 Email: recreation@newberrycounty.gov
 Register On-line at NewberryCountyBaseballSoftball.com or In-Person at one of these locations:
 •Newberry YMCA •City of Newberry PRT Office •Prosperity Town Hall
 Make checks payable to Newberry County Family YMCA.
**Once uniforms are ordered there will be NO refunds.*

Siblings will be placed on a team together if they fall within the same age group unless we are notified otherwise.
****NO OTHER REQUESTS FOR A SPECIFIC TEAM/COACH SHOULD BE MADE.****

DEADLINE: FEBRUARY 9, 2024 **REGISTRATION FEE: \$50**

Jersey, Socks, Belt, Hat or Headband and Insurance included with the registration fee.

Ages are based on the players age on or before Dec. 31, 2023

Ages are based on the players age on or before Apr. 30, 2024

- Softball – Angels (girls only; age 8-10)
- Softball – Ponytails (girls only; age 11-*13)

- Baseball Minors (co-ed; age 8-10)
- Baseball Ozone (co-ed; age 11-12)
- Baseball (age 13-15 or 16-19; spring season)

EVALUATION: A player evaluation will be conducted EACH year for players NEW to the age division. The number of teams may determine if all players (new and returning) will go through the evaluation. *13-year-old players will not be eligible for All-Star tournament play.

DEADLINE: FEBRUARY 23, 2024 **REGISTRATION FEE: \$40**

Jersey, Socks, and Hat or Headband included with the registration fee.

Ages are based on the players age on or before Dec. 31, 2023

- Coaches Pitch Softball (girls only; age 6-8)

Ages are based on the players age on or before Apr. 30, 2024

- Coaches Pitch Baseball (co-ed; age 6-8)
- T-Ball (co-ed; age 5-6)
- Wee T-Ball (co-ed; age 3-4)

NOTE: If you are not sure which division your 6- and/or 8-year-old should play in, CALL for consultation.

PARTICIPANT & PARENT/GUARDIAN INFORMATION

Player's Full Legal Name: _____

(As it appears on birth certificate) First Name Middle Name Last Name

Gender: M F Age: ____ DOB: ____/____/____ School Attending: _____
 (Use above cutoffs)

Address: _____ City: _____ Zip: _____

Did you play last year? YES NO If so, what team (name/age)? _____

(CIRCLE) PLAYER SHIRT SIZE: YOUTH SIZES: YXS (2-4) YS (6-8) YM (10-12) YL (14-16)
 ADULT SIZES: AS AM AL AXL

Number Choice on Jersey (Not applicable for Coaches Pitch, T-Ball, Wee-T): 1st ____ 2nd ____ 3rd ____ 4th ____

Check primary contact(s). This will be the first point of contact for staff and coaches.

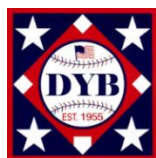
Mother/Guardian Name: _____ Phone #: _____

Father/Guardian Name: _____ Phone #: _____

E-mail(s): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SEE SECOND PAGE; SIGNATURE REQUIRED



VOLUNTEER/SPONSOR OPPORTUNITIES

Please **Circle:** I would like to VOLUNTEER as a: **COACH** **ASSISTANT COACH**

Name: _____ Program: _____ Phone #: _____

*Individuals selected to serve as a head coach MUST attend a coaches meeting.

I would like to **SPONSOR** (\$200 for 1st team sponsored, \$50 off each additional team sponsored; Town of Prosperity will invoice the business)

Contact Name: _____ Program: _____ Phone #: _____

Name of Business: _____

READ CAREFULLY BEFORE SIGNING: ASSUMPTION OF RISK & WAIVER OF LIABILITY

The County of Newberry Recreation Department ("COUNTY"), the Town of Prosperity ("TOWN"), the City of Newberry Parks, Recreation, & Tourism Department ("CITY"), the Newberry County Family YMCA ("YMCA"), Newberry Academy ("NA"), and Newberry College ("COLLEGE") who are referred to collectively herein as ("PARTIES").

In signing up and participating in County programs, I expressly assume the risk and legal liability and waive and release all claims for injuries, damages or loss which my child(ren) or myself might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my child(ren) may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child(ren) may have as a result of participating in these programs against the Parties, their officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel. I understand I am responsible for all costs incurred in any such medical emergency.

I understand photographs of my/my child's participation in this program may be used by the Parties to promote the Parties' events and/or facilities, without compensation and without additional approval.

The Parties have created new protocols and put in place preventative measures to reduce the spread of covid-19; however, the Parties cannot guarantee that you or your child(ren) will not become infected with covid-19. Further, attending any program may increase your child(ren)s risk of contracting covid-19.

By signing this agreement, I acknowledge the contagious nature of covid-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by covid-19 by attending the Parties programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by covid-19 at the Parties programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Parties.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the Parties programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold the Parties, their employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Parties, their employees, agents, and representatives, whether a covid-19 infection occurs before, during, or after participation in any of the Parties programs.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE.

Print Name of Parent/Legal Guardian (if participant is under age 18)

Signature of Participant or Parent/Legal Guardian (Parent or Legal Guardian must sign for participants under age 18) **Date**

For more information: Call: (803) 924-8328 or (803) 321-1015 Email: recreation@newberrycounty.gov

For Office Use Only: Date Registered: ____/____/____ Amount paid: \$_____ Registered by: _____