



2022 BASEBALL / SOFTBALL REGISTRATION FORM



REGISTRATION: JANUARY 5 - FEBRUARY 11, 2022 OR UNTIL TEAMS FILL UP.
For more information: Call: (803) 924-8328 or (803) 321-1015 Email: recreation@newberrycountv.net

GENERAL INFORMATION

(Make checks payable to Newberry County Family YMCA. **Once uniforms are ordered there will be NO refunds.**)

CIRCLE PROGRAM / AGE IN THE CHART BELOW

PROGRAM (all are co-ed except for softball)	AGES	REGISTRATION FEE	INCLUDED IN REGISTRATION FEE
*Dixie Softball–Angels (girls only)	8-10 (age on July 31 st)	\$50 each	Team Jersey, Socks, Belt, Headband, and Insurance
*Dixie Softball–Ponytails (girls only)	11-12 (age on July 31 st)		
*Dixie Youth Baseball–Minors	8-10 (age on April 30 th)		Team Jersey, Socks, Hat, Belt, and Insurance
*Dixie Youth Baseball– “O”Zone	11-13** (age on April 30 th)		
*Junior Baseball	13-17 (age on April 30 th)		
Youth Baseball–Coaches Pitch	6-8 (age on April 30 th)	\$40 each	Team Shirt, Socks, and Hat Belt (Coaches Pitch Only)
Youth Baseball–T-Ball	5-6 (age on April 30 th)		
Youth Baseball–Wee T-Ball	3-4 (age on April 30 th)		

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: _____
(See chart above)

Address: _____ City: _____ Zip: _____

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

CIRCLE PLAYER JERSEY SIZE: YXS YS YM YL AS AM AL AXL AXXL

Number Choice on Jersey (Dixie Softball & Baseball Only): 1st _____ 2nd _____ 3rd _____ 4th _____

Check primary contact. 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: _____

**EVALUATION: A player evaluation will be conducted EACH year for players NEW to the age division. All players (new and returning) will go through the evaluation anytime a new team is added OR an existing team is deleted from the age division. **13-year-old players will not be eligible for All-Star tournament play.*

PARENT/SIBLING SHIRTS: \$10.00 each for YS-AXL ADD \$2.00 each for AXXL & AXXXL

List Quantity: ____YS ____YM ____YL ____AS ____AM ____AL ____AXL ____AXXL ____AXXXL

***Player number is not printed on parent/sibling shirts.**

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

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** (\$150/team; Town of Prosperity will invoice the business)

Contact Name: _____ Program: _____ Phone #: _____

Name of Business: _____

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

The County of Newberry Recreation Department (“COUNTY”), the Town of Prosperity (“TOWN”), the City of Newberry Parks and Recreation Department (“CITY”), the Newberry County Family YMCA (“YMCA”), 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 County’s 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

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

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