Camillus Softball & Baseball Association

2016 Registration Form

Player Information: (list multiple players for siblings only)					Check box if played in 2015 Circle One
Player 1:		Д	\ge:	DOB:	Baseball/Softball
Player 2:			Age:	DOB:	 ☐ Baseball/Softball
Player 3:					
Player 4:		Age:	DOB:	 ☐ Baseball/Softball	
Age Limits: League age limits are based on the player's age as of 4/30/2016 (for baseball) and 12/31/15 (for softball)					
Parent's/Guardian's Information:					
Name(s): Email:					
Street Address: City: Zip:					
Home Phone: Cel					
Please check an area you can volunteer or provide support: Coach Member Team Parent					
		016 Divisions & Fees			
	(Make cl	necks payable to CSBA)	# of Players	Sub Total	CEO back on registration
	Baseb	****	,		\$50 back on registration!
	Tee-Ball (5-6 year olds)	x \$25		
	Rookie (7 - 9 year olds)	x \$50		Fund raising is essential to support league
	Cal Ripken (10 - 12 year olds)		x \$75		activities. For 2016, each player (12 years
	Babe Ruth (13 - 15 year	r olds)	x \$150		of age and under; excluding tee-ball) will
		·			receive 10 (ten) \$5.00 raffle tickets which
	Softbo		450		are included in the total registration due.
	Margie Wright F/P (9 8		x \$50		Simply sell the tickets and recoup the
	Dot Richardson F/P (12	2 & Under)	x \$75		cost!
	Lisa Fernandez F/P (16	& Under)	x \$125		
	REGIS	TRATION SUBTOTAL*		A	
	Francisco	a /Faaa			
	Fundraisin	- -	x \$50	В	
	Mandatory Fundraisin	•	x \$30	D	
	(All players 12 and under; e \$50 PER PLAYER	xciudes tee-bail)			
	250 FER FLATER		x \$20		
	Late Fee –if received a	fter deadline	x \$10	C	
	Non-Resident Fee** (\$2	L0.00 per Player)	Г		4 / 12
		TOTAL DUE		A+B+C	
	**Players not in West Genesee	TOTAL DUE	L		
*Family max for Registration Subtotal is \$200. Fundraising subtotal (B) still needs to be calculated into the Total Due. Family max applies to immediate					
family only (brothers or sisters) signing up at the same time.					
Liability & Waiver:					
I/We, the parents or guardians of the player in the CSBA baseball/softball program named above give my/our permission for his participation in all league activities and do hereby waive, release the CSBA, and anyone affiliated with it from all activities or claims arising out of injury to my/our child. The medical					
insurance policy carried by the parent/guardian is primary. In addition, I hereby give permission to the CSBA to use any photographs taken of my child while					
participating in this program for the use of promotional media.					
Parent/Guardian Signature: Date:					
Ma	il-in Registration:	League Registratio	n Deadlines:		Office Use Only:
Make checks payable to CSBA • Tee-ball			4/15/16	Total Food \$	
		ken	. 3/12/16	Total Fees: \$	
IVIdi	CSBA	 Babe Ruth 		. 3/12/16	Amt. Received: \$
PO Box 134 • 8U/10U/12U		• 8U/10U/12U S			(Cash/Check) No:
Camillus, NY 13031		16U Softball		3/12/16	(Cashy Checky No.
Keep up to date with all of the latest news and events					

Visit us online: http://csbababeruth.org