

**BLYTHEWOOD BASEBALL LEAGUE  
2012 SPRING REGISTRATION FORM  
PO BOX 384 - BLYTHEWOOD, SC - 29016**

**Voice Mailbox: 803.561.7051; Website: [www.blythewoodsports.org](http://www.blythewoodsports.org)**

**Email Address: [blythewoodbaseball@gmail.com](mailto:blythewoodbaseball@gmail.com)**

The registration for all leagues, except T-Ball, is \$80.00 for one child and \$75.00 for each additional child in the same family. T-Ball registration is \$70.00. This fee helps pay part of the costs of the uniforms, insurance, equipment, umpire fees and field maintenance. In the event your child decides not to play prior to the first regular season game, the registration fee will be refunded. The registration fee is due with your registration form. You can mail the registration form to Blythewood Baseball League, P.O. Box 384, Blythewood, SC 29016. Deadline for mail-ins is Friday, January 27, 2012. Make checks payable to Blythewood Baseball League.

**Registration will be held at Blythewood Recreation Center located at 126 Boney Road.**

**Please bring a copy of child's birth certificate to registration.**

**Will accept late registrations IF space is available:**

**\$25.00 late fee required for registration received after 2:00 pm on January 28, 2012.**

**\*\*CIRCLE THE LEAGUE YOUR CHILD QUALIFIES FOR\*\***

<u>LEAGUE</u>	<u>AGES</u>	<u>DATE OF BIRTH MUST FALL BETWEEN:</u>	<u>If you want to play up, must complete Play Up Form. Players must have League Approval to "Play-up" at any level. Form is located on the website.</u>
T-BALL	4-6	must be 4yrs old by Reg. Date 05/01/2005 – 02/01/2007	
COACHES PITCH	7-8	05/01/2003 – 04/30/2005	
MINOR LEAGUE	9-10	05/01/2001 – 04/30/2003	
MAJOR LEAGUE	11-12	05/01/1999 – 04/30/2001	
DIXIE BOYS	13-14	05/01/1997 – 04/30/1999	

**Player's Name:** As Name Appears on the Birth Certificate

(First) \_\_\_\_\_ (Middle) **NO INITIALS** \_\_\_\_\_ (Last) \_\_\_\_\_

**Name Player Goes By:** \_\_\_\_\_ **Subdivision Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

Physical Address – Street Name (No P.O. Box)      City      Zip Code

**Birth Date:** \_\_\_\_\_ **Age on April 30, 2012:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Spring '11 Team:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Work#:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Work#:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Parent's Email Address:** \_\_\_\_\_

**\*\*email address needed for important messages from the league\*\***

\_\_\_\_\_ has my permission to participate in the Blythewood Baseball League. I will not hold the officers, coaches, or other league officials liable for any injury or accident involving my child while participating in this program. In case of injury or illness and I (the parent/guardian) cannot be contacted, I give my permission in advance for a coach, league official or other responsible adult to seek medical attention for my child on my behalf.

**Code of ethics:** I understand that my child and his/her family will represent and encourage good sportsmanship by demonstrating positive support and respect for all players, coaches, fans, and officials at every game and practice. I understand any violation of this ethic will not be tolerated by coaches, umpires, or league officials and may result in the removal of my child from the league. **I agree as a Parent/Guardian to assist in the concession stand or find a suitable replacement on my assigned day(s) during the Spring 2012 season. I have read the 2<sup>nd</sup> page of the registration form.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

**Please list any medical conditions/allergies which might affect medical treatment:**

**\$15.00 Fee – any check written with non-sufficient funds**

**Volunteers and Sponsors are needed!!! - Please circle the area(s) where you can help:**

COACH

ASST. COACH

TEAM SPONSOR

FENCE SIGN SPONSOR

\_\_\_\_\_ has my permission to participate in the Blythewood  
(Child's Name)

Baseball League. I will not hold the officers, coaches, or other league officials liable for any injury or accident involving my child while participating in this program. In case of injury or illness and I (the parent/guardian) cannot be contacted, I give my permission in advance for a coach, league official or other responsible adult to seek medical attention for my child on my behalf.

The primary purpose of BBL will be to provide programs that help children grow physically, mentally, and emotionally through participation in baseball. The organization will strive to produce well-rounded baseball players with good technical skills by focusing on development of the individual. Code of ethics: I understand that my child and his/her family will represent and encourage good sportsmanship by demonstrating positive support and respect for all players, coaches, fans, and officials at every game and practice. I understand coaches, umpires, and league officials will not tolerate any violation of this ethic, which may result in the removal of my child from the league. I agree as a Parent/Guardian to assist in the concession stand or find a suitable replacement on my assigned day(s) during the Spring of 2010 season. I have read the 2<sup>nd</sup> page of the registration form.

X \_\_\_\_\_(Signature of Parent/Guardian)

List any medical conditions/allergies, which might affect medical treatment:

\_\_\_\_\_

We welcome volunteers.

Please select an area in which you can assist our coaches.

**HEAD COACH (must have been an assistant coach)**

**Exception: T-Ball Coach does not have to have been a Head Coach**

**CONCESSIONS HELPER**

**ASSISTANT COACH TEAM SPONSOR**

**TEAM PARENT**

**FENCE SIGN SPONSOR**

**SCOREKEEPER**

**LEAGUE OFFICER**

**GAME ANNOUNCER – must be 13 yrs. or older**