BLYTHEWOOD BASEBALL LEAGUE
2008 FALL REGISTRATION FORM – SEASON 08/25/2008 – 10/24/2008
PO BOX 384 - BLYTHEWOOD, SC - 29016
VOICE MAILBOX # 561-7051 - www.blythewoodsports.org

The in-person registration will be Saturday August 9 from 1:00 pm–4:00 pm at the Blythewood Recreation Center. Our league plans on fielding no more than 2-4 teams in each of the leagues listed below on a **FIRST COME–FIRST SERVE** basis, therefore it is imperative that this registration form be received by our league via mail or in person registration **no later than August 15, 2008** along with a check payable to Blythewood Baseball League in the amount of **$60.00.** **(MUST BRING BIRTH CERTIFICATE IF NOT ON FILE.)**

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

LEAGUE	AGES	DATE OF BIRTH MUST FALL BETWEEN:	
T-BALL	4-6	must be 4yrs old by Reg. Date 05/01/2002 – 08/09/2004	If you want to play up, must
COACHES PITCH	7-8	050/1/2000 – 04/30/2002	complete Play Up Form.
MINOR LEAGUE	9-10	05/01/1998 – 04/30/2000	Players must have League
MAJOR LEAGUE	11-12	05/01/1996 – 04/30/1998	Approval to "Play-up" at
DIXIE BOYS	13-14	05/01/1994 – 04/30/1996	any level. Form is located

on the website.

Player's Name: AS SHOWN ON BIRTH CERTIFICATE

(First)_____**(Middle)** NO INITIALS _____**(Last)**_____

Name Player Goes By:_____**Subdivision Name**_____

Complete address:_____
Street **City** **Zip Code**

Birth Date:_____ **Age on April 30, 2009:** _____

Phone Number:_____ **Last Year's 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 Fall Baseball League. I will not hold the officers, coaches, or other league officials of Blythewood 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 Fall 2008 season.**

_____
(Signature of Parent/Guardian)

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

_____

The registration of $60.00 includes $40.00 registration that helps pay part of the cost of insurance, equipment, umpire fees, etc., and $20.00 for the cost of uniforms. In the event your child decides not to play prior to the first regular season game, the registration fee will be refunded. Please return this registration form by mail to Blythewood Baseball League, P.O. Box 384, Blythewood, SC 29016 to be received by **August 15, 2008**.

$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 **TEAM PARENT** **SCOREKEEPER** **ASST. COACH** **GAME ANNOUNCER**

LEAGUE OFFICER **TEAM SPONSOR** **FENCE SIGN SPONSOR** **CAMP SPONSOR**