



SVYL Fall Ball Registration & Eligibility

Participant Name: _____

Date of Birth: ____/____/____ Participant Age on April 30, 2022: _____

Has participant ever played baseball at Scioto Valley League before? YES / NO

Team played for: _____

Parent(s)/Guardian(s) Name(s): _____

Residence Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Shirt Size: YS YM YL YXL AS AM AL AXL

Coaching Shirt Size: AS AM AL AXL AXXL

Liability Waiver, Permission & Consent

I hereby give participant, _____, my consent to participate in the Scioto Valley Youth League Fall Ball League. I agree that my insurance is the primary coverage for the participant in the event of an accident and/or injury from participating in the Scioto Valley Youth League Fall Ball League.

I agree that the Board, managers and Coaches of Scioto Valley Youth League will not be held liable for any injury or accident during said baseball league.

PARENT/GUARDIAN: _____
(signature)

DATE: _____

A (11&12 YR OLDS) \$65 B (9&10 YR OLDS) \$55 C (6-8 YR OLDS) \$45 T-Ball (3-5 YR OLDS) \$35

CHECKS PAYABLE TO: SVYL FALL BALL