

## 2017 Sebring-West Branch Hot Stove Baseball League Sign Up Form

**NOTE: If this is the 1<sup>st</sup> year your child is playing in the Sebring-West Branch Hot Stove league, please bring a copy of your child's birth certificate with you to signups.**

First year playing in Sebring-WB Hot Stove League? \_\_\_\_\_ Elementary/Middle School that player attends: \_\_\_\_\_

**Player's Name:** \_\_\_\_\_ **Player's Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age as of 5/31/17:** \_\_\_\_\_

Player's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Player's Home Phone Number: \_\_\_\_\_

T-shirt size (Youth S/M/L/XL or Adult S/M/L/XL) : \_\_\_\_\_ Uniform Pant size (Youth S/M/L/XL or Adult S/M/L/XL): \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

Player lives with (please circle one): Mother or Father or Both \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Parent(s) Cell Phone Number: Father \_\_\_\_\_ Mother \_\_\_\_\_

Parent(s) Home Phone Number, if applicable: Father \_\_\_\_\_ Mother \_\_\_\_\_

I can help the league by:    Managing <input type="checkbox"/> Coaching <input type="checkbox"/> Umpiring <input type="checkbox"/> Helping w/State Tournament <input type="checkbox"/>
Please circle who will help:    Father / mother    Father / mother    Father / mother    Father / mother

If there are any medical problems that the manager/coach should know about, please indicate below:  
\_\_\_\_\_

Additional comments for league officials:  
\_\_\_\_\_

**FUNDRAISER:**

- I will pay an additional \$40.00 for my child NOT to participate in the League Fundraiser (T-Ball thru F Leagues only)
- My child will participate in the League Fundraiser (must turn in \$40.00 from sale of raffle tickets) (T-Ball thru F Leagues only)

**NOTE: If NO BOX is checked above, your child must participate by selling raffle tickets (must turn in \$40.00)**

**Sign Up Fees (excludes fundraiser)**

**NOTE:** NO refunds will be made after uniforms are ordered. Refunds after teams are formed will only be made with Sebring-West Branch Hot Stove Board approval.

**(There will be a \$30.00 fee charged for a returned check)**

T-Ball (Instructional) League (born between June 1, 2010 and May 31, 2012)...	\$50.00 (league starts in May)
H1 League (born between June 1, 2008 and May 31, 2010).....	\$60.00 (league starts in April)
HH/H League (born between June 1, 2006 and May 31, 2008).....	\$80.00 (league starts in March)
GG/G League (born between June 1, 2004 and May 31, 2006) .....	\$85.00 (league starts in March)
F League (born between June 1, 2002 and May 31, 2004).....	\$90.00 (league starts in March)
EE & E League (born between June 1, 1997 and May 31, 2002) .....	\$150.00 (league starts after high school season ends)

For families with (2) two or more players in F league and younger, the maximum signup cost will be \$140.00 (**excludes fundraisers**). All late signups must be made through the President of the Sebring-West Branch Hot Stove League.

**SPECIAL NOTES:** 1. Managers will notify players of practice dates/times. 2. The regular baseball season for all leagues listed above runs through the end of June and then the Ohio Hot Stove League has a STATE TOURNAMENT (HH League through E League) which is held on 3 weekends in July (July 8-9, July 15-16, and July 22-23). If possible, please consider this when scheduling family vacations. All players are expected to complete the season, including participating in the state tournament.

For additional information, contact one of the following league representatives:  
Mike Dyke, President (330) 501-7163 or Teresa Dyke, Secretary/Treasurer (330) 501-7442

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To be completed by League Representative:

Payment     **Cash**                       **Check #** \_\_\_\_\_  
 **Opt Out**                      **Total Amount Paid \$** \_\_\_\_\_

Accepted by: \_\_\_\_\_

Date Received: \_\_\_\_\_

## Permission

As parent/guardian of \_\_\_\_\_ (Player), I hereby give my permission for said Player to participate in all activities of the Sebring-West Branch Hot Stove League (SWBHSL). I recognize the possibility of physical injury associated with these activities and for the SWBHSL accepting the Player for its baseball program and activities. I hereby release, discharge, and/or otherwise indemnify the SWBHSL, its affiliated organizations and sponsors, participants, and associated personnel, including the owners of the fields and facilities utilized by the SWBHSL, against any claim by or on behalf of the Player as a result of the Player's participation in the SWBHSL. I accept responsibility to transport Player to and from all practices and games. I have read, fully understand, and agree to comply with all terms listed on pages 1 and 2 of this document.

Signature: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_

## Medical Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_

Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- 1) The administration of any treatment deemed necessary by above named Doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and
- 2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two (2) other licensed physicians or dentists concur in the necessity for such surgery.

List below facts concerning the child's medical history including **allergies, medications being taken, and physical impairments** to which a physician should be alerted:

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Refusal to Consent

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Hot Stove League authorities to take the following action:

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_