



GREENVILLE CITIZENS BASEBALL LEAGUE 2020 PLAYER APPLICATION

LEAGUE IS OPEN TO ALL KIDS IN DARKE COUNTY. PLAYER MUST BE 3 YEARS OLD AND NO OLDER THAN 12 on Jan. 1,2
FEE IS \$60.00 PER PLAYER MAX OF \$120.00 PER FAMILY. YOU MAY ALSO SELL FUNDRAISER.

AFTER MARCH 8, 2020 FEE IS \$80.00 PER PLAYER

SIGN UP AND EVALUATIONS AT THE YARD AT TCI 945 SATER ST. GREENVILLE, OH 45331

*PLAYERS MUST ATTEND ONE OF THE FOLLOWING DATES:

MONDAY FEBRUARY 10, 2020

WEDNESDAY FEBRUARY 19, 2020

SUNDAY FEBRUARY 23,2020

6:00 P.M. TO 8:00 P.M.

6:00 P.M. TO 8:00 P.M.

6:00 P.M. TO 8:00 P.M.

WWW.WAVEBASEBALL.NET

PLAYER NAME _____ DATE OF BIRTH _____ AGE AS OF JAN. 1, 2020 _____

PARENT/GUARDIANS NAME _____ PHONE NUMBER _____

ADDRESS _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____ @ _____ RECEIVE TEXT MGS: _____

EMERGENCY NAME AND PHONE NUMBER _____

LEAGUE (CIRCLE ONE)

Little Slugger (3 & 4 Pre K tee only)

T-Ball (5 & 6 Kindergarten coach pitch & tee)

Mini (7 & 8 Grade 1st & 2nd coach pitch)
7th)

International (9 & 10 Grade 3rd & 4th kid pitch)

CCL (11 - 12 Grade 5th)

CCL teams will play against area programs (some travel will be required). We must have a minimum # of players field teams (GCBL reserves the right to cancel leagues for lack of players)

SHIRT SIZE - YXS YS YM YL YXL AS AM AL AXL AXXL (PLEASE CIRCLE ONE)

DO YOU HAVE SIBLINGS IN THE ABOVE MARKED LEAGUE? **Y or N** IF YES, WHO? _____

PARENTS ARE THE STRENGTH OF OUR PROGRAM. PLEASE INDICATE WHERE YOU CAN HELP.

(ONE PARENT FOR EACH PLAYER IS REQUIRED TO HELP ON YOUR TEAMS ASSIGNED NIGHT IN THE CONCESSION)

HEAD COACH _____ ASSISTANT COACH _____ TEAM PARENT _____ CONCESSION HELPER _____

TO ENSURE THE SAFETY AND WELL BEING OF ALL YOUTH PARTICIPATES IN GCBL, WE WILL BE CONDUCTING BACKGROUND CHECKS ON ALL COACHES AND ASST. COACHES. COACHES ARE ALSO REQUIRED TO COMPLETE ONLINE CONCUSSION IN SPORTS COURSE. <http://www.nfhslearn.com/electiveDetail.aspx?courseID=3800>

QUESTIONS CAN BE DIRECTED TO Ron Kerg, GCBL Commissioner, @937-467-1603 or ronaldkerg@gmail.com

I, THE UNDERSIGNED PARENT/GAURDIAN OF _____ AGREE NOT TO HOLD THE TRUSTEES, COACHES AND ALL OTHER PERSONS AFFILIATED WITH GCBL OR DARKE COUNTY YMCA LIABLE FOR ANY ACCIDENTS INJURIES THAT MAY OCCUR TO MY CHILD DURING PRACTICES, LEAGUE, AND TOURNAMENT GAMES OR ANY OTHER ACTIVITY THAT TAKES PLACE AT SATER PARK OR OTHER LOCATIONS APPROVED BY GCBL. I ALSO AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH BY GCBL. I HERBY PLEDGE TO ENCOURAGE MY CHILD AND GUEST TO SHOW CARE, RESPECT AND SPORTSMANSHIP TO OTHER PLAYERS, FANS, OFFICIALS, AND GCBL FACILITIES AND EQUIPMENT.

SIGNATURE OF PARENT/GAURDIAN _____ DATE _____

*****PLEASE DO NOT RETURN APPLICATIONS TO SCHOOLS*****

MEDICAL CONSENT FORM AND EMERGENCY INFORMATION

In the event of an emergency: I, the parent/guardian of _____, consent to have him/her transported to the nearest hospital by local rescue and treated by the doctor on call. The doctor's phone number is _____ reached at _____ or _____

Signature of parent/guardian _____ Date _____

Please list any major illness, injuries, allergies, or restrictions.

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Is there any additional information that will help us coach your child?

—

Office use only

Hitting ____

Pitching ____

Fielding ____

Throwing ____