

Saline Area Youth

Baseball & Softball, Inc.
P.O. Box 542, Saline, MI 48176

Scholarship Application

Spring 2020 Season
website: www.saybs.org

Baseball

Softball

Choose the league based on player's age on April 30, 2020 or based on player's current grade

| <u>Age</u> | | <u>Ages</u> | |
|--|-------|---|------|
| <input type="checkbox"/> Tee Ball | 5 | <input type="checkbox"/> Tee Ball Softball | 5-7 |
| <input type="checkbox"/> Roberto Clemente Machine Pitch | 6-7 | <input type="checkbox"/> Coach Pitch | 7-9 |
| <input type="checkbox"/> Roberto Clemente Kid Pitch | 8 | <input type="checkbox"/> Kid Pitch JV | 9-11 |
| <input type="checkbox"/> Willie Mays | 9-10 | Please provide a brief description of need: | |
| <input type="checkbox"/> Pee Wee Reese | 11-12 | | |
| <input type="checkbox"/> Sandy Koufax | 13-14 | | |
| <input type="checkbox"/> Mickey Mantle | 15-18 | | |

All applications received after 3/1/20 will be waitlisted.

My child is playing travel baseball

Player Information

| | | | | |
|---------------------|---|------------|------------------------|----------------|
| Last Name | | First Name | Middle Initial | Sex: M F |
| Address | | Home Phone | School | Grade |
| City | Zip | | Birthday (mm/dd/yy) | Age on 4/30/20 |
| # of seasons played | Special Requests (We will do our best to accommodate as circumstances permit) | | | |

Father Information

Mother Information

| | | | | | | | |
|---|--|-----------------|--|---|--|-----------------|--|
| Name (Last, First) | | | | Name (Last, First) | | | |
| Address (if different) | | | | Address (if different) | | | |
| Home Phone | | Work/Cell Phone | | Home Phone | | Work/Cell Phone | |
| Email | | | | Email | | | |
| I would like to help with: Coaching Sponsors Fundraising Fields | | | | I would like to help with: Coaching Sponsors Fundraising Fields | | | |

Medical and Liability Waiver:

As a parent (or legal guardian) of the above named minor, I have verified that the information on this form is correct and I grant permission for this minor to participate in all of the activities of this sports program. I assume all risks and hazards incidental to such participation, including risk of serious injury, and do hereby release and waive all claims against Saline Area Youth Baseball & Softball, Inc., its officers, directors, coaches, sponsors, volunteers and other participants. I further grant permission for emergency first aid to be given to my child in case of injury. **I acknowledge that this registration form does not create a contractual obligation and that we are not entitled to a refund after the start of the season.**

Date
Signature of Parent or Guardian

Important Dates:

(see www.SAYBS.org website for details)

Evaluation day:
check website for age group and times

Practices Start:
Week of April 8th

Games Start:
~ 2 weeks later

Picture Day:

TBD (see website for details)

Season End:
Approximately week of June 30th

SAYB&S feels all children should be able to participate in this program regardless of economic background. For further information on financial assistance, please contact Deb Burton at saybs.reg@gmail.com.

For Official Use Only:

Date Received: _____

Approved by: _____