



SHARPSBURG YOUTH BASEBALL

www.sharpsburgbaseball.com



PLEASE PRINT ALL INFORMATION CLEARLY

MANAGER

NAME: _____

PRIMARY
PHONE _____

PRIMARY
EMAIL _____

1st ASSISTANT COACH

NAME: _____

PRIMARY
PHONE _____

PRIMARY
EMAIL _____

TEAM NAME

1 ST CHOICE	2 ND CHOICE

AGE GROUP

- | | | |
|--|--|--|
| <input type="checkbox"/> PRE TBALL | <input type="checkbox"/> 5 YR OLD TBALL | <input type="checkbox"/> 6 YR OLD TBALL |
| <input type="checkbox"/> 7-8 Coach Pitch | <input type="checkbox"/> 7-8 Player Pitch | <input type="checkbox"/> 9-10 National League |
| <input type="checkbox"/> 9-10 American League | <input type="checkbox"/> 11-12 National League | <input type="checkbox"/> 11-12 American League |
| <input type="checkbox"/> 13-14 National League | | |

INSTRUCTIONS FOR REGISTRATION

Step 1 FRONT WINDOW	<input type="checkbox"/>	SYB-Individual Registration Form for each player
	<input type="checkbox"/>	Fee for each player (MUST HAVE PAYMENT FOR EACH PLAYER) ***MAKE ALL CHECKS PAYABLE TO SHARPSBURG BASEBALL
Step 2 AGE GROUP COORDINATOR (Board Room)	<input type="checkbox"/>	SYB-Player Freeze Form
	<input type="checkbox"/>	SYB-Individual Registration Form for each player
	<input type="checkbox"/>	SYB-Official Roster – Uniform Order Form
	<input type="checkbox"/>	SYB-Team Medical Release 2014
	<input type="checkbox"/>	SYB-Team Concussion Form
	<input type="checkbox"/>	SYB Policies and Coaches Responsibilities (Signed by Manager & 1 st Assistant)
Step 3 FINAL STEP and Questions	<input type="checkbox"/>	SYB-GBI Background Check – Manager & 1 st Assistant
	<input type="checkbox"/>	SYB-Coaches Certification – Manager (Registration and Payment)
	<input type="checkbox"/>	SYB-Coaches Certification – 1 st Assistant (Registration and Payment)
	<input type="checkbox"/>	