

GARFIELD HTS. BASEBALL LEAGUE



(APPLICATION)



All players must apply whether they played in the league last year or not

**Contract Fee Is
\$65.00 peewee. \$85.00 minors - colt**

LEAGUE AGE: All players must provide a copy of their birth certificate. Our league bases all division eligibility on each player's age as of **APRIL 30, 2016** Youths must be **6** years old on or before **APRIL 30, 2016**;
*****[NON-RESIDENTS ARE WELCOME]*****

Division Applying For:

PEE-WEE(6-8)	MINOR (9-10)	MAJOR(11-12)	PONY(13-14)	COLT(15-17)	TRAVEL players \$25.00
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PLEASE NOTE: Entire application must be completed.

AGE: (on April 30, 2016) _____ DATE OF BIRTH: ___/___/___ (M/DD/YY)

NAME: _____ PHONE: _____

ADDRESS: _____

NAME OF DIVISION AND TEAM YOU PLAYED ON LAST YEAR: _____

IF YOU HAVE ANY SIBLINGS WHO WILL BE PLAYING IN THE LEAGUE, COMPLETE THE FOLLOWING:

NAME: _____ AGE: _____ TEAM: _____ NAME: _____ AGE: _____ TEAM: _____

IMPORTANT: Every player must help with fund-raising to participate. *****

LATE APPLICATIONS WILL BE SUBJECT TO A \$10.00 late fee & A WAITING LIST WITH NO GUARANTEE OF PLAYERS BEING PLACED ON A TEAM

FOR ADDITIONAL INFORMATION CALL: BOB Marek at (216)-990-8386

Mail to GHBL

Po box 25465 Garfield hts. Ohio 44125

I/We, the parents of the above named youth, who is a candidate for a position on a Garfield Heights Baseball League team, hereby give my/our consent and approval to his/her participation in any and all of the activities of the Garfield Heights Baseball league during the current season. I/We realize that such participation which includes competitive athletic events among other things may expose my/our child to risk of bodily injury and damage. In consideration of the approval of his/her application for this League, I/We agree to waive and release any claims that I/We may have, and agree to indemnify and save harmless the organizers, sponsors, officers, drivers, and supervisors of the Garfield Heights Baseball League, against any loss or damage, or any claims for loss or damage, that may arise out of, or in connection with, my/our child's participation or membership in the aforesaid League. We agree to this release and indemnification, even if the damage or injury may be claimed to have been, or have been, due to the sole negligence of any of the aforesaid indemnities. I/We will furnish a certified birth certificate of the above named candidate upon request of League Officials. I/We assume full responsibility for all equipment, uniforms, etc. (Property of Garfield Heights Baseball League) turned over to my/our child, which will be returned immediately upon request of any League Official or representative.

Any player engaged in conduct deemed detrimental to the League, may be Expelled.

PARENT'S (GUARDIAN'S) SIGNATURE: _____

CHECK # _____ TOTAL AMOUNT \$ _____ REFUNDS: Refunds will be granted up to May 31, 2016.