FAIRFIELD YOUTH BASEBALL ASSOCIATION 2017 REGISTRATION FORM

On-Line Registration at fairfieldfyba.com

Walk-in Registration will be held at the following locations:

Fairfield Optimist (on Joe Nuxhall Way) – Saturday, January 28TH & February 4th from 10:00 am to 1:00pm

Dick's Sporting Goods (Bridgewater Falls in Fairfield Township) - Saturday, January 28TH & February 4th from 10:00 am to 1:00 pm

Mail Registration Form(s) to: FYBA, P.O. Box 205, Fairfield, Ohio 45018
Blank forms are available at fairfieldfyba.com

REFUND POLICY - REFUNDS ARE ONLY GIVEN FOR MEDICAL REASONS OR FOR MOVING FROM AREA

	Early Registration Cost by February 15, 2016	Late Registration Cost after February 15, 2016	
T-Ball Boys/Girls (4/5yrs)	\$80.00	\$100.00	
Machine Pitch Boys/Girls (6/7yrs)	\$100.00	\$120.00	
Machine Pitch Girls (8U)(6/8YR)	\$100.00	\$120.00	
Rookie League Boys (8yr)	\$105.00	\$125.00	
Farm/Cal Ripken (9/12yr)	\$110.00	\$130.00	
Fast Pitch 10U/12U/14U/16U	\$120.00	\$140.00	
Babe Ruth/Prep (13/16yrs)	\$125.00	\$145.00	
Maximum cost for a family	\$260.00	\$300.00	

TEAM SPONSORSHIP

If you are interested in sponsoring a team or the program, please contact John Ervin at JohnnyErvin@gmail.com

Please note: Girls' Leagues will use January 1st to determine league assignment, while the Boys' Leagues and T-Ball will use April 30th as the age determination date. All players who did not play in FYBA League last year are required to include a copy of their Birth Certificate. DO NOT send an original, as it will not be returned.

Select age appropriate league for your player (please circle one):

Boys/Girls T-Ball (4/5yr)

Girl's Coach Pitch (Ages 6/8Yr) Fast Pitch Softball 10U 12U 14U 16U

Note: Due to Fast Pitch League affiliation guidelines outside FYBA. All Fast Pitch softball registration must be completed by February 2nd, 2015

Circle appropriate age group based on age as of April 30th, 2017

Coach Pitch (6/7yr) Rookie (8yr) Farm (9/10yr) Cal Ripken (11/12yr) Babe Ruth (13yr)(14yr)(15yr)(16yr)

PLAYER INFORMATION (one player per form)

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Last	First	M/F	DOB	AGE	
Address		City	Zip		_
These phone numbers will be used for the Coaches Call System – Phone#1P			Phon	e#2	_
CIRCLE	se print clearly): E (REQUIRED-CIRCLE) -				– xxx
Special Medical instructions:					_
to that effect if requested by the chat the parent or guardian bears iable for any injury or loss which eague and I agree to indemnif	child is physically fit and able to pl Team Manager. It is understood the sthe responsibility for their child's my child may sustain while partic y and hold harmless the League, efunds will only be given for Me	hat the League does not take r s physical condition. I hereby a cipating in activities of any kind, , its members, coaches, umpir	responsibility for the phagree that the League, whether sponsored by res, officers or designates	ysical fitness of the players an coaches or officers shall not by or under the supervision of the	nd be ne
Parent/Guardian (Print)		Signature		Date	_
Player Fee \$	+Late Fee	=Total	Check#	(League Use Only	y)