FAIRFIELD YOUTH BASEBALL ASSOCIATION 2025 REGISTRATION FORM

On-Line Registration at www.FairfieldFYBA.com

No Walk-in Registration will be held

Mail Registration Form(s) to: FYBA, P.O. Box 205, Fairfield, Ohio 45014 Blank forms are available at www.fairfieldfyba.com

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

	Early Registration Cost by February 15, 2024	Late Registration Cost after February 15, 2024
T-Ball Boys/Girls (4/5yrs)	\$105.00 + \$10 refundable volunteer fee = \$115.00	\$20.00
Machine Pitch Boys/Girls (6/7yrs)	\$120.00 + \$10 refundable volunteer fee = \$130.00	\$20.00
Machine Pitch Girls (8U)(6-8Yrs)	\$120.00 + \$10 refundable volunteer fee = \$130.00	\$20.00
Rookie League Boys (8yr)	\$140.00 + \$10 refundable volunteer fee = \$150.00	\$20.00
Minors/Majors (9/12yr)	\$150.00 + \$10 refundable volunteer fee = \$160.00	\$20.00
Fast Pitch 10U/12U/14U/18U	\$140.00 + \$10 refundable volunteer fee = \$150.00	\$20.00
*Babe Ruth/Prep (13/16yrs)	\$160.00+ \$10 refundable volunteer fee = \$170.00	\$20.00
Maximum cost for a family	\$350.00 + \$10 refundable volunteer fee = \$360.00	\$380.00

TEAM SPONSORSHIP

If you are interested in sponsoring a team or the program, please contact Becky Marshall: FYBASponsors@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.

CIRCLE age appropriate league for your player (please circle one): - Boys/Girls T-Ball (4/5yr)

- Girl's Instructional (Ages 6-8 Yrs) Fast Pitch Softball 10U 12U 14U 18U

Circle appropriate Girls' age group based on January 1st, 2024

-Machine Pitch (6/7yr) Rookie (8yr) Minors (9/10yr) Majors (11/12yr) Babe Ruth (13-14yr)(15-17yr)

Circle appropriate Boys' age group based on age as of April 30th, 2024 PLAYER INFORMATION (one player per form)

PLAYER: Last	First _		M/F DOB	AGE	
Address		City		Zip	
Cell phone					
Parent's E-mail Address (ple	ease print clearly):				
UNIFORM SHIRT SIZ	ZE (REQUIRED) -YOUTH	SM YMED YLG YXL	ADULT SM AM	IED ALG AXL AXXL A3XL	
Special Medical instructions:					
to that effect if requested by the that the parent or guardian bea liable for any injury or loss whic League and I agree to indemn	Team Manager. It is understood rs the responsibility for their chil h my child may sustain while par	d that the League does not tak d's physical condition. I hereby ticipating in activities of any kin ue, its members, coaches, um	e responsibility for the agree that the Leagu d, whether sponsored pires, officers or desig	dian to furnish a doctor's statement physical fitness of the players and ie, coaches or officers shall not be I by or under the supervision of the gnates of any kind from any claim	
Parent/Guardian (Print)		Signature		Date	
Player Fee \$	+Late Fee	=Total	Check#	(League Use Only)	