SOUTH LYON JUNIOR LEAGUE
BASEBALL/SOFTBALL PROGRAM
P.O. BOX 455
SOUTH LYON, MI 48178-0455
Email: registrar@sljl.org
Website: www.sljl.org

(League Use Only)
Registration #: _____
Date Paid: _____
Check #/Cash: _____
Fee Paid: _____
Division: _____
Team: _____
Check Sig: _____

2014 TRAVEL BASEBALL / SOFTBALL REGISTRATION FORM

1. **All information requested <u>MUST</u> be filled out completely.**
2. **Please Print.**
3. **A photocopy of the player's birth certificate is required only if they make a team.**

Player Name:	**Date of Birth:**
Address:	**Female (age as of 01/01/14):**
City, State, Zip:	**Phone ( )**
Resident of Which City/Twp:	**Cell Phone: ( )**
Parents/Guardians:	**Email:**
Emergency Contact:	**Phone ( )**

Payment Information (amounts may vary by age level)	
Cost	$350.00 - $800
Due Dates **1st** **2nd** **3rd**	**$150.00 - $300.00 (depending on the team) is due upon being selected for the travel team.** **$200.00 due before January 31, 2013.** **Remaining balance, if any, is due as specified by the team head coach.**

All payments are Non-refundable.

Division (Circle appropriate try-out age level)

8U	**12U**
9U	**13U**
10U	**14U**
11U	**15/16U**

<u>WAIVER OF LIABILITY</u>

My child is in good physical condition and has no serious illness. I understand that baseball and softball are physical sports which may result in injury. I hereby authorize the league officials associated with my child's team to secure any emergency medical treatment for my child that they feel is necessary as a result of my child's participation in the South Lyon Junior League. I hereby waive any and all rights and claims for damages arising from injuries received while my child is playing or being transported to/from games and practices and other team activities. I also hold harmless the South Lyon Junior League, its Board of Directors, officials and trustees, any coaches or assistant coaches for any injury incidental to team activities or transportation to/from these activities. I attest to the factual accuracy of this registration and signature below signifies that parent/guardian is in agreement with the Waiver of Liability.

Signature: _____ Relationship: _____ Date: _____

- Registrations will only be accepted on this form – one form per player
- Make all payments payable to: **South Lyon Junior League** on or before their due dates
- Payment amounts may vary due to division level. The head coach will notify you as to the registration amounts and dates payments are due.
- NSF checks are subject to additional fees
- Any questions should be directed to the travel coach or the trustee of the travel program. Email addresses of league officials can be found on our website at www.sljl.org

(Parent/Guardian only)

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2014 TRAVEL BASEBALL/SOFTBALL
WAIVER OF LIABILITY

Information requested ***MUST*** be filled out completely. ***PLEASE PRINT***

Divisional Tryout for (circle one): 8U 9U 10U 11U 12U 13U 14U 15/16U

Paticipant Name	M or F Player Gender	Age
Address	Date of Birth	
Parents/Guardians	( ) - Contact #	

WAIVER OF LIABILITY

My child is in good physical condition and has no serious illness. I understand that baseball and softball are physical sports which may result in injury. I hereby authorize the officials associated with my child's try out to secure any emergency medical treatment for my child that they feel is necessary as a result of my child's participation in the South Lyon Junior League. I hereby waive any and all rights and claims for damages arising from injuries received while my child is participating in these try outs. I also hold harmless the South Lyon Junior League, its parent organization, its Board of Directors, officials and trustees, any coaches or assistant coaches for any injury incidental to League Activities. I attest to the factual accuracy of this registration and signature below signifies that parent/guardian is in agreement with the Waiver of Liability.

Signature: _____ Relationship: _____ Date: _____
(Parent/Guardian only)

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2014 TRAVEL BASEBALL/SOFTBALL

September 2013

Dear Prospective Coach:

The South Lyon Junior League is looking for prospective head coaches interested in returning or becoming a travel coach. The South Lyon Travel teams compete in the KVBSA (baseball) and the WWCL (softball). These organizations include teams from the many of the surrounding communities. The tentative age groups for the 2012 season are as follows:

Age as of: May 1, 2014	Age as of: January 1, 2014
Boys 08 U	
Boys 09 U	Girls 10U
Boys 10 U	Girls 12U
Boys 11 U	Girls 14U
Boys 12 U	Girls 16U
Boys 13 U	
Boys 14 U	
Boys 15U	
Boys 16U	
Boys 18U	

All prospective coaches must fill out the application/background check form and provide a letter recapping your past coaching experience. The South Lyon Junior League must receive this letter on or before Monday, July 11, 2011. All coach selections are pending acceptable background checks and the availability of enough players to fill each age group. Coaches are responsible for managing all team expenses, which may include uniforms, umpire fees, equipment, tournament costs, baseballs, practice facilities, and insurance. Coaches are also responsible for coordinating this management with the league treasurer.

Team tryouts will be held in August. The South Lyon Junior League board will review coach applicants at the July 13, 2011 Board meeting. Prospective coaches are encouraged to attend this meeting. Board selection of coaches will take place on July 20, 2011 at the regular scheduled board meeting.

Please email any questions regarding travel softball to: SLJLVP-Girls@sljl.org
Please email any questions regarding travel baseball to: SLJLTravel-Boys@sljl.org

Regards,

South Lyon Junior League Board

Travel Coaches Application and Background Check Form
2014 Season

MAIL FORM TO:
SOUTH LYON JUNIOR LEAGUE
P.O. BOX 455
SOUTH LYON, MI 48178-0455

Please fill out completely; Applicants signature is required. Please mail to the South Lyon Junior League Board for approval. **Note: Failure to complete all the information will make you ineligible to coach within the South Lyon Junior League Travel Baseball / Softball program.**

Full Name: _____

Address: _____
Street Address

_____ _____ _____
City State Zip Code

Contact: _____-_____-_____ **Alt:** _____-_____-_____
Primary Phone Number Alternate Number

Circle level and gender coached during 2013 Season

2013 Team Level: 8U 9U 10U 11U 12U 13U 14U 15U 16U 18U (Boys or Girls)

Circle desired level and gender of coaching for 2013 Season

2014 Team Level: 8U 9U 10U 11U 12U 13U 14U 16U (Boys or Girls)

Information Required for Background Checks:

Date of Birth: _____ **Sex:** M or F

Race: _____

The information requested above is required by the background check system utilized by the Michigan State Police.

I, the undersigned, do hereby certify that the above information is correct. I have been advised that as a coach in the South Lyon Junior League, the association will conduct a criminal history background check. Once the background check has been completed, this form will be destroyed.

I have reviewed the by-laws of the South Lyon Junior League and if selected agree to abide by them in their entirety. I realize that failure to do so may result in disciplinary action and/or dismissal at the discretion of the South Lyon Junior League Board.

_____
Applicant's signature **Date**