

For more information email:
cherylw@sbcwr.org or kellyw@sbcwr.org
Or Call 478-923-7101
Or Go Online www.sbcwr.org

2504 Moody Road
Warner Robins, GA 31088

Second Baptist Church



Victory Sports

BASEBALL & SOFTBALL LEAGUE 2012

INFORMATION & REGISTRATION

Our Passion His Strength

What's In it for you?

- * Uniform Included: Jersey, T-Shirt, Pants, Socks, Hat, & more
- * Indoor Batting Cages
- * Positive & Supportive Coaches, Umpires, & Staff
- * Players are Given Equal Playing Time
- * End of the Season Award For Every Player
- * Kids Love It!!



For Info Go to www.sbcwr.org

SIGN UP NOW

- * Bring this Form to the SBC Church Office
- * Mail In this Brochure with Your Registration Fee To Second Baptist
- * Register Online at www.sbcwr.org

The Church Office is open from 8:30am-4:30pm Monday – Friday



We Offer The Following Leagues:

- K4 & K5 Grade - T-ball
- 1st & 2nd Grade - Rookie (Coach Pitch)
- 3rd & 4th Grade - Minor (Machine Pitch)
- 5th & 6th Grade - Major (Kid Pitch)

Please Note: Each Player must supply his/her own helmet. In 3rd-6th grade facemask required.

In Jesus' Name We Play

Our Passion His Strength

► Registration Info

Early Bird Registration:
Dec 19th~ Feb 16th
\$80.00 for each child

Late Registration:
After February 16th
\$90.00 for each child

Registration deadline:
March 1st

► Important Dates

Skills & Evaluation Camp Sat, March 3rd:

* 1st & 2nd 10:00am-12:00pm
Parent Orientation 10:00am

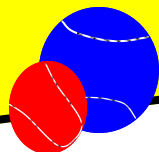
* 3rd - 6th 2:00pm-4:00pm
Parent Orientation 2:00pm
(Special Stations for pictures and catchers)

K4 & K5 Orientation and team meetings
week of March 5th

Practice Starts
Week Of March 12, 2012

Opening Day
Saturday April 14, 2012

Awards Night Celebration
Thursday May 31, 2012



Participant Registration Form

Last Name	First Name	MI	Gender	Home Phone	Date of Birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MM / DD / YYYY	<input type="text"/>
Address			City	Zip Code	League to Participate	
<input type="text"/>			<input type="text"/>	<input type="text"/>	Tee Ball Rookie Minor Major	

Participant Information

Church Home:

Jersey Size: YS YM YL YXL AM AL AXL

Pant Size: XS YS YM YL YXL AM AL AXL

Socks Size: SMALL INTERMEDIATE ADULT

Number of Seasons you have played organized baseball / softball:

I have experience playing pitcher/catcher (circle one): How many years?

I cannot practice on: (circle) Monday Tuesday Thursday

Sibling Link : Coach Link:

* Please provide a helmet and cleats.
* Please Note: 3rd-6th grade also need facemasks for their helmets

Evaluation Scores

1st Base Run: Fly Balls

Distance Throw: Hitting

Field & Throw:

Office Use Only

Paid (Yes / No): Date Paid:

Amount: Payment Type:

Father/Guardian Information

Last Name	First Name	MI	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Contact Phone #	Email Address	I would like to help: (circle)	
<input type="text"/>	<input type="text"/>	Umpire Coach	

Mother/Guardian Information

Last Name	First Name	MI	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Contact Phone #	Email Address	I would like to help: (circle)	
<input type="text"/>	<input type="text"/>	Umpire Coach	

Please read carefully, release must be signed

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? YES NO

If YES, please state conditions: _____ If you wish to have your family doctor contacted in case of emergency please fill in the information below

Doctor's Name: _____ Phone: _____

EMERGENCY AUTHORIZATION (from above):

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and / or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorization Signature _____

WAIVER OF LIABILITY AND DISCLAIMER:

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the Second Baptist League "Victory Sports" are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration of accepting the Registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Second Baptist League "Victory Sports", its employees, volunteers and other representatives from any claims arising out of our relating to any physical injury that may result to said individual while participating in the Second Baptist League "Victory Sports" sponsored events, including any physical injury by the negligence of any official, umpire or coach while performing his/her duties during any practices or games. I grant full permission to use any photographs, videotapes, or any other record of the League for any purpose w/out reimbursement for any kind due to my child or me, I acknowledge I have read, understand, and agree to abide by this information.

* SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____