2024 VERSAILLES YOUTH BASEBALL PROGRAM REGISTRATION

- Midget: Participants are the boys currently in the 1st or 2nd grade. ** Games are played on Tues/Thurs. May travel to Russia to play games. **
- Minor: <u>Participants are the boys currently in the 3rd or 4th grade</u>. ** Games are played on Mon/Wed. May travel to Russia to play games. **
- Major: <u>Participants are the boys currently in the 5th or 6th grade.</u> ** Traveling league. Most games played on Tuesday/Thursday. **
- Jr High: Participants are the boys currently in the 7th or 8th grade. **Traveling league. No set game night. **

** To participate, your child must attend or live within the Versailles Exempted School District. **

- ** Parents will be required to work in the concession stand at least one night in order for your child to participate in the program. If for some reason you cannot work at your scheduled time, it will be your responsibility to find a replacement. You will receive additional information when you child receives their game schedule. **
- ** Games begin in May and run thru June. **

Deadline for registration is March 5th, 2024.

**There will be a \$10.00 Late Fee, in addition to the participation fee for forms received after this date. **

League / Shirt Fee	\$30.00
Hat / per (optional, you can order as many as you want, they are for anyone)	\$30.00

** Please make check payable to: Versailles Youth Baseball Association (VYBA) **

** Mail completed forms along with money to: **

Versailles Youth Baseball Association, PO Box 253, Versailles, OH 45380.

HAT SIZING CHART				
	Size	Inches		
XS	6 1/2 - 6 3/4	20 1/2 - 21 1/2		
S	67/8 - 71/8	21 3/4 - 22 3/8		
\mathbf{M}	7 1/8 - 7 3/8	22 3/8 - 23 1/4		
L	7 3/8 - 7 5/8	23 1/4 - 24		
XL	OUT OF STOCK			

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Ex: If your kids head measures 22in around then his hat size would be a 6 7/8 - 7 1/8 so you would order a S If your kids head measures 23 ¹/₂in around then his hat size would be 7 3/8 -7 5/8 so you would order a L

Registration Form

Player Name			
•	1		School
Name of pare	ent(s) or legal guardian(s)		
1	· · · · · · · · · · · · · · · · · · ·		
	Father		
Address			
Cell Number	(s) and Email(s)		
(Mom Cell)_	., .,	(Mom Email)	
(Dad Cell)		(Dad Email)	
aware of?	NOYES explain:		
the same tear	m)ave a successful program, w	re need your help. Please ch	ague (to ensure they be placed on
Shirt Size			\$ 30
Hat Size		Quantity	\$
Hat Size		Quantity	\$
Late Fee	\$10.00 (If Late)		\$
Total			· · · · · · · · · · · · · · · · · · ·
release, inder affiliated with injury to my rules and reg may purchase	erstand that participation in nnify and agree to hold harn h the Versailles Youth Baseb child whether the result of n	nless the coaches, volunteers all Association (VYBA) from egligence or for any other ca eknowledge receiving a copy nce coverage with a local age	us injuries and hereby waive, , trustees and all other persons n any claim(s) arising out of any use. I also agree to abide by the of the same. I understand that I ency at my expense, but said

All youth athletes and their parents/guardians must view the Ohio Department of Health ODH video about Sudden Cardiac Arrest, review the video at <u>https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/lindsays-law/lindsays-law</u> and <u>return the Required Signature Form</u> with this registration form.

Signature of Parent(s) or Legal Guardian(s)_____

(Please Sign and Print your name)

If you have any questions, please email versaillesyouthbaseball@gmail.com.

Please DO NOT return this form to the school office.