

## 2022 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:** Participants are the boys currently in the 3rd or 4th grade.  
 \*\* Games are played on Mon/Wed. May travel to Russia to play games. \*\*

**Major:** Participants are the boys currently in the 5th or 6th grade.  
 \*\* Traveling league. Most games played on Tuesday/Thursday. \*\*

**Jr High:** Participants are the boys currently in the 7<sup>th</sup> 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 5<sup>th</sup>, 2022.**

**\*\*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) --- \$20.00

**\*\* 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.

### SHIRT SIZING CHART

YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL
6-8	10-12	14-16	18-20	34-36	38-40	42-44	46-48	50-52

### HAT SIZING CHART

	Size	Inches
<b>XS</b>	6 1/2 - 6 3/4	20 1/2 - 21 1/2
<b>S</b>	6 7/8 - 7 1/8	21 3/4 - 22 3/8
<b>M</b>	7 1/8 - 7 3/8	22 3/8 - 23 1/4
<b>L</b>	7 3/8 - 7 5/8	23 1/4 - 24
<b>XL</b>	7 5/8 - 8	24 - 25 1/4



**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 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current grade of School \_\_\_\_\_

Name of parent(s) or legal guardian(s)

Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Cell Number(s) and Email(s)

(Mom Cell) \_\_\_\_\_ (Mom Email) \_\_\_\_\_

(Dad Cell) \_\_\_\_\_ (Dad Email) \_\_\_\_\_

Does your child have any physical limitations or other special considerations that the coach should be aware of? NO \_\_\_\_\_ YES \_\_\_\_\_

If so, please explain: \_\_\_\_\_

List the name(s) of brothers who will be participating in the same league (to ensure they be placed on the same team) \_\_\_\_\_

In order to have a successful program, we need your help. Please check one of the following areas for which you are willing to volunteer your time: Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_

Shirt Size \_\_\_\_\_ ----- \$ 30

Hat Size \_\_\_\_\_ ----- Quantity \_\_\_\_\_ ----- \$ \_\_\_\_\_

Hat Size \_\_\_\_\_ ----- Quantity \_\_\_\_\_ ----- \$ \_\_\_\_\_

Late Fee \$10.00 (If Late) \$ \_\_\_\_\_

Total ----- \$ \_\_\_\_\_

### To the parents:

**I understand that participation in baseball may result in serious injuries and hereby waive, release, indemnify and agree to hold harmless the coaches, volunteers, trustees and all other persons affiliated with the Versailles Youth Baseball Association (VYBA) from any claim(s) arising out of any injury to my child whether the result of negligence or for any other cause. I also agree to abide by the rules and regulations of the VYBA and acknowledge receiving a copy of the same. I understand that I may purchase health and accident insurance coverage with a local agency at my expense, but said coverage is not mandatory to participate in the program.**

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

Signature of Parent(s) or Legal Guardian(s) \_\_\_\_\_

(Please Sign and Print your name)

If you have any questions, please contact Scott Ward 937-564-1214.

Please DO NOT return this form to the school office.