GREENVILLE CITIZENS BASEBALL LEAGUE 2025 PLAYER APPLICATION

LEAGUE IS OPEN TO ALL KIDS IN DARKE COUNTY. PLAYER MUST BE 3 YEARS OLD AND NO OLDER THAN 12 on Jan. 1, 2025 FEE IS \$45.00 PER PLAYER MAX OF \$100.00 PER FAMILY. YOU MAY ALSO SELL THE FUNDRAISER.

SIGN UPS ARE AT THE YARD @ TCI 945 SATER ST. GREENVILLE, OH 45331 ON THE FOLLOWING DATES:

SATURDAY, FEBRUARY 15TH 10 A.M. to 12 P.M.

WEDNESDAY, FEBRUARY 19TH 6:00 P.M to 8 P.M.

SATURDAY, FEBRUARY 22ND 9:00 A.M. to 12 P.M.

ALL RULES AND OTHER IMPORTANT INFORMATION IS AVAILABLE ON OUR WEBSITE WWW.WAVEBASEBALL.NET

PLAYER NAME						
DATE OF BIRTH	AGE A	S OF JAN. 1, 2	025			
PARENT/GUARDIANS NAME			РНО	NE		
ADDRESS						
EMERGENCY CONTACT						
		(CIRCLE ONE)				
Little Slugger (ages 3 & 4) Pre K-*Tee only		T-Ball (ages 5 & 6) Kindergarten- *Coach pitch & tee				
Mini (ages 7 & 8) 1st & 2nd Grad	le *Coach pitch I	nternational (ag	ges 9 & 10) 3rd	& 4th Grad	e *Player pitc	h
CC	L (ages 11 – 12) 5t	h & 6th Grade *I	Player pitch			
International and CCL teams will play again sign up to field teams (GCBL reserves the ri				e must have a	a minimum # o	f players
SHIRT SIZE – YXS (4/6) YS (6/8	, ,	L (10/12) YXL E CIRCLE ONE)	. (14/16) AS	AM A	AL AXL	AXXL
DO YOU HAVE SIBLINGS IN THE AF	BOVE MARKED LE	AGUE? Y or N	If yes, who? _			
PARENTS ARE THE ST	RENGTH OF OUR P	ROGRAM. PLEA	SE INDICATE	WHERE YO	U CAN HELP.	
(ONE PARENT FOR EACH PLAYER IS RE	QURIED TO HELP	ON YOUR TEAMS	S ASSIGNED NIC	GHT IN THE	CONCESSION	STAND)
HEAD COACH ASSISTANT	COACH	TEAM PAREN	T	CONCESSIO	ON HELPER _	
TO ENSURE THE SAFETY AND WEL BACKGROUND CHECKS ON ALL CO COMPLETE FREE ONLINE CONCUS	ACHES AND ASS	Г. COACHES. CO				UCTING
<u>http://</u> -	www.nfhslearn.com/e	electiveDetail.aspx	?courseID=3800	<u>)0</u>		

PLEASE DO NOT RETURN APPLICATIONS TO SCHOOLS

QUESTIONS CAN BE DIRECTED TO BRENT SHORT, GCBL Commissioner, @ 574-536-3118



SATER PARK RULES:

NO PETS
NO SMOKING/VAPING
NO ALCOHOLIC BEVERAGES
NO BIKE RIDING
NO ROLLER BLADING
NO SKATE BOARDING
NO PROFANITY
NO HITTING BALLS INTO FENCES
NO LITTERING



I, the undersigned Parent/Guardian of officers, coaches and all other persons affiliated with GCl injuries that may occur to my child during practices, leagn place at Sater Park or other locations approved by GCBL by GCBL. I hereby pledge to encourage my child and gue players, fans, officials, and GCBL facilities and equipment	BL or Darke County YMCA liable for any accidents or ue, and tournament games or any other activity that takes. I also agree to abide by all rules and regulations set forthest to show care, respect and sportsmanship to other
SIGNATURE OF PARENT/GUARDIAN	DATE
MEDICAL CONSENT FORM AND	D EMERGENCY INFORMATION
IN THE EVENT OF AN EMERGENCY: I, THE PARENT/GUARDIAN O	F CONSENT TO HAVE HIM/HER
TRANSPORTED TO THE NEAREST HOSPITAL BY LOCAL RESCUE A	AND TREATED BY THE DOCTOR ON CALL.
SIGNATURE OF PARENT/GUARDIAN	DATE
ANY MAJOR ILLNESS, INJURIES, ALLERGIES, OR RESTRICT	IONS?
IS THERE ANY OTHER ADDITIONAL INFORMATION THAT	WILL HELP THE COACH WITH YOUR CHILD?