



# 2008 Registration Form

PLAYER NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PARENT/ GUARDIAN(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

E MAIL: \_\_\_\_\_

PLAYER'S SHIRT SIZE: YS YM YL AS AM AL  
AXL AXXL

I AM INTERESTED IN COACHING:  Y  N (see coaching application)

I AM INTERESTED IN SPONSORING A TEAM:  Y  N (you will be contacted)

Please select the Program(s) for which you are registering.

SELECT	LEAGUE	FEE
<input type="checkbox"/>	SALL T Ball - Grade K	\$35
<input type="checkbox"/>	SALL Machine Pitch - Grades 1 & 2	\$45
<input type="checkbox"/>	SALL Minor League - Grades 3 & 4	\$50
<input type="checkbox"/>	SALL Major League - Grades 5 & 6	\$50
<input type="checkbox"/>	SAYB Travel Baseball 9, 10 ,11 & 12	TBD
	* must also participate in SALL program above	
<input type="checkbox"/>	SAYB Pony League - Grade 7	\$100
	Pony League weekend Tournaments	TBD
<input type="checkbox"/>	SAYB Teener - Grades 8 &9 (registration fee)	\$25
	Additional fee after Teener team placement	

If registering after March 1, include an additional \$25 late fee to the fees listed above

**WAIVER STATEMENT:** I give permission for my child to participate in the program indicated above. I assume all risks as hazards incidental to the conduct of these programs. I also certify that my child is in normal health and capable of safe participation in Youth Baseball.

SIGNED: _____	DATE: _____
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### MAIL TO:

Stoughton Baseball, 2364 Jackson St. Box 161, Stoughton, WI 53589



LEAGUE USE: PAID Y N

CHECK # \_\_\_\_\_

## Registration Information

You can register for Stoughton Baseball by completing the Registration Form found in this booklet or getting the form on line at [www.stoughtonbaseball.com](http://www.stoughtonbaseball.com). Mail or bring the form with payment by the registration deadline to be guaranteed a team placement.

Make the check payable to the organization listed in the League description (SALL or SAYB). Please list the players name on the check. Scholarships available, contact the League representative.

- Ⓢ Registration required for all players K - 9<sup>th</sup> Grade
- Ⓢ First year players must include copy of birth certificate

### BY MAIL starting January 30, 2008

Stoughton Baseball  
BOX 161  
2364 Jackson St  
Stoughton, WI 53589

### IN PERSON

- Ⓢ Thursday, February 14<sup>th</sup> 6:30 pm to 8:30 pm at River Bluff
- Ⓢ Saturday, February 16<sup>th</sup> 9 am to 11 am at River Bluff

**REGISTRATION DEADLINE** is February 18<sup>th</sup>, 2008. SALL leagues have player limits due to city field availability.

**LATE REGISTRATIONS** must be sent by mail with payment. Players will be placed on waiting lists, subject to availability.

SALL registrations mailed after March 1<sup>st</sup>, 2008 must include an additional \$25.00 late fee to be accepted

**REGISTRATIONS ARE NOT ACCEPTED** after April 5<sup>th</sup>, 2008



[www.stoughtonbaseball.com](http://www.stoughtonbaseball.com)