



2004 PLAYER REGISTRATION

This past season SIBL instituted paid official umpires for the Bronco Division. The feedback concerning this change was very favorable and thus the league has decided to continue this practice.

The Board of Directors in consideration of the financial aspect of this decision, voted to adopt the following changes to the SIBL Player Registration and League Fundraiser.

1. A division based Participation Fee, which will include both the Registration and League Fundraiser fees.
2. The League Fundraising fee will remain at \$25.00 for Instructional, Pinto and Mustang Divisions, and \$50.00 for Bronco Divisions.

PARTICIPATION FEES:	AMOUNT
Instructional Div	\$60.00
Pinto Div. - Mustang Div.	\$70.00
Bronco Division	\$90.00
Maximum Per Family \$180.00 <u>INCLUDES FUNDRAISER FEE</u>	

Name: _____

City/Town _____ State _____ Zip _____

Telephone _____ Birth date _____

2003 SIBL Division & Team _____

I hereby agree that the above named player will play with any team to which he / she is assigned by league officials and to furnish a birth certificate upon request. I further agree to return, upon request, the uniform(s) and other equipment issued to this player in as good condition as when received, except for normal wear and tear in league activities and to financially compensate the Swansea Independent Baseball League for the loss and / or destruction of said uniform(s) and equipment. I further understand that the registration fee will not be refunded

Signature of Parent / Guardian _____

Parental Authorization / Medical Release For League Participation

I, the parent or guardian of the above named player, hereby give permission for participation in any and all activities sponsored by the Swansea Independent Baseball League. I grant permission to managing / coaching personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home or when neither parent or legal guardian is available to grant authorization for emergency treatment. I agree to assume all risks and hazards incidental to such participation, including transportation to and from the activities away from home. I waive, release, absolve, Indemnify and agree to hold harmless the Swansea Independent Baseball League and the town of Swansea, Massachusetts from any claim arising out of an Injury to the player or any other member of my family in conjunction with any activity sponsored by said organization.

Signature of Parent / Guardian _____

Printed _____ Date _____

Complete this form and return by mail to: SIBL P.O. Box 141 Swansea, MA 02777.

Payment received _____ ck # _____