

Decatur Youth Baseball & Softball

2020 Family Early Registration Form



Register by February 28 to receive
discounted Early Registration rate.

Parent Information

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Email address is necessary for league communication.

Please check the box next to your chosen division. When registering multiple children, please register them in order from oldest to youngest.

Child 1:	<u>Boys' Divisions/Birth Date</u>	<u>Fee</u>	<u>VSI#</u>	<u>Girls' Divisions/Birth Date</u>	<u>Fee</u>	<u>VSI#</u>
<input type="checkbox"/>	3's T-Ball Coed (9/1/16 - 8/31/17)	\$47.00	400000-69	<input type="checkbox"/>	3's T-Ball Coed (9/1/16 - 8/31/17)	\$47.00 400000-69
<input type="checkbox"/>	4's T-Ball Coed (9/1/15 - 8/31/16)	\$47.00	400000-70	<input type="checkbox"/>	4's T-Ball Coed (5/1/15 - 8/31/16)	\$47.00 400000-70
<input type="checkbox"/>	Single A (9/1/13 - 8/31/15)	\$72.00	400000-71	<input type="checkbox"/>	Peanut (5/1/13 - 4/30/15)	\$72.00 401000-57
<input type="checkbox"/>	Double A (9/1/11 - 8/31/13)	\$77.00	400000-72	<input type="checkbox"/>	Pee-Wee (5/1/11 - 4/30/13)	\$72.00 401000-58
<input type="checkbox"/>	Minors (9/1/09 - 8/31/11)	\$85.00	400000-73	<input type="checkbox"/>	Freshman (5/1/09 - 4/30/11)	\$85.00 401000-59
<input type="checkbox"/>	Majors (9/1/07 - 8/31/09)	\$95.00	400000-74	<input type="checkbox"/>	Sophomore (5/1/07 - 4/30/09)	\$95.00 401000-60
<input type="checkbox"/>	Bronco (5/1/07 - 8/31/07)	\$95.00	400000-75	<input type="checkbox"/>	Junior (5/1/04 - 4/30/07)	\$95.00 401000-61
<input type="checkbox"/>	Pony (5/1/04 - 4/30/07)	\$95.00	400000-76			

Name: _____ Gender: _____ Birth Date: ____/____/____
 Age: _____ Current Grade: _____ School: _____ Baseball Softball
 (Boys - as of 8/31/20) (Girls - as of 5/1/20)

Shirt Size (circle one):

Youth XS Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

Coach and player requests will be honored IF POSSIBLE and will be based upon receipt date of registration materials.

Request to be with player: _____ Request to NOT be with player: _____

Request to be with coach: _____ Request to NOT be with coach: _____

Late registrants will be placed on teams as space permits.

Emergency contact name: _____ Phone: _____

Medical conditions or allergies: _____

Child 2:	<u>Boys' Divisions/Birth Date</u>	<u>Fee</u>	<u>VSI#</u>	<u>Girls' Divisions/Birth Date</u>	<u>Fee</u>	<u>VSI#</u>
<input type="checkbox"/>	3's T-Ball Coed (9/1/16 - 8/31/17)	\$47.00	400000-69	<input type="checkbox"/>	3's T-Ball Coed (9/1/16 - 8/31/17)	\$47.00 400000-69
<input type="checkbox"/>	4's T-Ball Coed (9/1/15 - 8/31/16)	\$47.00	400000-70	<input type="checkbox"/>	4's T-Ball Coed (5/1/15 - 8/31/16)	\$47.00 400000-70
<input type="checkbox"/>	Single A (9/1/13 - 8/31/15)	\$72.00	400000-71	<input type="checkbox"/>	Peanut (5/1/13 - 4/30/15)	\$72.00 401000-57
<input type="checkbox"/>	Double A (9/1/11 - 8/31/13)	\$77.00	400000-72	<input type="checkbox"/>	Pee-Wee (5/1/11 - 4/30/13)	\$72.00 401000-58
<input type="checkbox"/>	Minors (9/1/09 - 8/31/11)	\$85.00	400000-73	<input type="checkbox"/>	Freshman (5/1/09 - 4/30/11)	\$85.00 401000-59
<input type="checkbox"/>	Majors (9/1/07 - 8/31/09)	\$95.00	400000-74	<input type="checkbox"/>	Sophomore (5/1/07 - 4/30/09)	\$95.00 401000-60
<input type="checkbox"/>	Bronco (5/1/07 - 8/31/07)	\$95.00	400000-75	<input type="checkbox"/>	Junior (5/1/04 - 4/30/07)	\$95.00 401000-61
	Pony (5/1/04 - 4/30/07)	\$95.00	400000-76			

Name: _____ Gender: _____ Birth Date: ____/____/____

Age: _____ Current Grade: _____ School: _____ Baseball Softball

(Boys - as of 8/31/20) (Girls - as of 5/1/20)

Shirt Size (circle one):

Youth XS Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

Coach and player requests will be honored IF POSSIBLE and will be based upon receipt date of registration materials.

Request to be with player: _____ Request to NOT be with player: _____

Request to be with coach: _____ Request to NOT be with coach: _____

Late registrants will be placed on teams as space permits.

Emergency contact name: _____ Phone: _____

Medical conditions or allergies: _____

*Child 3:	<u>Boys' Divisions/Birth Date</u>	<u>Fee</u>	<u>VSI#</u>	<u>Girls' Divisions/Birth Date</u>	<u>Fee</u>	<u>VSI#</u>
<input type="checkbox"/>	3's T-Ball Coed (9/1/16 - 8/31/17)	\$43.50	400000-69	<input type="checkbox"/>	3's T-Ball Coed (9/1/16 - 8/31/17)	\$43.50 400000-69
<input type="checkbox"/>	4's T-Ball Coed (9/1/15 - 8/31/16)	\$43.50	400000-70	<input type="checkbox"/>	4's T-Ball Coed (5/1/15 - 8/31/16)	\$43.50 400000-70
<input type="checkbox"/>	Single A (9/1/13 - 8/31/15)	\$36.00	400000-71	<input type="checkbox"/>	Peanut (5/1/13 - 4/30/15)	\$36.00 401000-57
<input type="checkbox"/>	Double A (9/1/11 - 8/31/13)	\$38.50	400000-72	<input type="checkbox"/>	Pee-Wee (5/1/11 - 4/30/13)	\$38.50 401000-58
<input type="checkbox"/>	Minors (9/1/09 - 8/31/11)	\$42.50	400000-73	<input type="checkbox"/>	Freshman (5/1/09 - 4/30/11)	\$42.50 401000-59
<input type="checkbox"/>	Majors (9/1/07 - 8/31/09)	\$47.50	400000-74	<input type="checkbox"/>	Sophomore (5/1/07 - 4/30/09)	\$47.50 401000-60
<input type="checkbox"/>	Bronco (5/1/07 - 8/31/07)	\$47.50	400000-75	<input type="checkbox"/>	Junior (5/1/04 - 4/30/07)	\$47.50 401000-61
<input type="checkbox"/>	Pony (5/1/04 - 4/30/07)	\$47.50	400000-76			

**There is a 50% discount on the third child.*

Name: _____ Gender: _____ Birth Date: ____/____/____

Age: _____ Current Grade: _____ School: _____ Baseball Softball

(Boys - as of 8/31/20) (Girls - as of 5/1/20)

Shirt Size (circle one):

Youth XS Youth Small Youth Medium Youth Large
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Coach and player requests will be honored IF POSSIBLE and will be based upon receipt date of registration materials.

Request to be with player: _____ Request to NOT be with player: _____

Request to be with coach: _____ Request to NOT be with coach: _____

Late registrants will be placed on teams as space permits.

Emergency contact name: _____ Phone: _____

Medical conditions or allergies: _____

(FOR OFFICE USE ONLY)

Amount Paid: _____ Cash [] Check #: _____ Verified By: _____ Date: _____ Time: _____

CC#: _____ Exp: _____ CVV: _____ #RT Given: _____