

# Perrysburg Amateur Baseball / Softball Commission

## 2012 Registration\*

First United Methodist – 200 W Second St.

Tues Jan 17, 6:00 – 8:30 PM

Sat Jan 22, 9:00 AM – 2:00 PM

Tues Jan 24, 6:00 – 8:30 PM

Note:

One parent  
must reside in  
the Perrysburg  
School District  
to be eligible to  
play for PABSC

### Travel Softball

\_\_\_ U10 Travel Girls \$50\*

\_\_\_ U12 Travel Girls \$50\*

\_\_\_ U14 Travel Girls \$50\*

\*This fee also includes spring ball

Travel Coach \_\_\_\_\_

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Sign the code of Conduct and Liability waiver and include with this form

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Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_ # of Yrs played ball \_\_\_\_\_

Player lives with:    Father          Mother          Both          Other \_\_\_\_\_

#### Father's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

e-mail \_\_\_\_\_

#### Mother's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

e-mail \_\_\_\_\_

**Returning players may register by mail postmarked by 01/24/2012\***

Make checks payable to:

**PABSC**

Questions contact:

**Cindi Gumpf 419-705-8843**

**Mark Kruzel 419-872-1399**

[www.PABSC.org](http://www.PABSC.org)

Mail to:

**PABSC Registration**

**444 E Second St**

**Perrysburg, OH 43551**

**\*Forms postmarked after 01/24/2012 are subject to a \$20 late charge!**

## Liability Waiver

Perrysburg Amateur Baseball / Softball Commission (PABSC) expects its players, coaches, parents, spectators, league officers and commissioners to conduct themselves in a dignified and sportsmanlike manner before, during, and after a game and during practice. In game situations, umpires and opponents are to be treated with respect at all times. Smoking, consumption of alcoholic beverages and profanity are not permitted at any time.

Umpire assault and abuse by anyone will not be tolerated. Any player, team, or organization official who commits umpire assault and/or abuse will be in jeopardy of suspension and possibly dismissal. Any assault or abuse of an umpire shall be reported to an officer or commissioner of PABSC. PABSC reserves the right to suspend and/or dismiss any coach, player, or league official who exhibits poor conduct deemed to be unacceptable. A right of appeal shall be provided for a person suspended. (\*Please see Procedure of Appeal)

Disciplinary Procedure - The PABSC Disciplinary Committee is comprised of the President, Vice President, Director of Player Personnel, Secretary and the League Commissioner of the league involved with incident. All recommendations for discipline shall be submitted to the Commission secretary using a form provided by the commission and any further information that may be deemed necessary in writing. Recommendations shall be accepted from League commissioners and/or Commission officers. PABSC reserves the right to sanction any player, coach, or official as called for by the facts of the case presented. In the case of suspension, the length of term for said suspension will be indicated. Records of the proceedings will be kept to assure documentation of the fairness of the process. The Director of Player Personnel will present a report of the hearing to the Board of Governors at the next monthly meeting.

\*Procedure for Appeal. In the case of a sanction, the player, coach or official shall have the right of an appeal. An appeal must be made in writing within 14 days of receiving a written notification of sanction. The discipline committee may at its discretion agree to an appearance by the person sanctioned. Following the evaluation of an appeal, the discipline committee shall issue the findings of appeal no later than 14 days after the appeal is considered. The appeal hearing process shall be documented.

PABSC will deal only with the individual, coach, player, parent(s), or official. No attorney representation or interaction will be permitted.

I, the legal parent/guardian of \_\_\_\_\_, a minor, have read the Code of Conduct as stated above and agree to abide by the terms and conditions set forth within it. I furthermore, agree to enforce its purpose with any party, related or non-related, to the aforesaid minor, which may have involvement at and during and PABSC sponsored event or contest. I shall take direct responsibility and immediately remedy and correct any violation of the Code of Conduct.

Parent/Guardian Print Name \_\_\_\_\_

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Liability Waiver

In consideration of the Perrysburg Amateur Baseball / Softball Commission (PABSC) allowing \_\_\_\_\_ to register and/or participate in the activities sponsored, offered or relating in any way to the PABSC, I, as the parent of \_\_\_\_\_, and on behalf of myself, my child, and our heirs, representatives and assigns, hereby release, discharge and otherwise indemnify the PABSC, its members, officers, agents, coaches, volunteers, participants, representatives, successors and/or assigns from any and all claims, demands, actions, or causes of action and from all liability for damage, loss or injury of whatsoever kind, nature or description, relating in any way to the activities offered by or sponsored by PABSC, including but not limited to games, practices, trips or exhibitions, including travel to and from such activities; and further, I agree to reimburse, indemnify or release the PABSC and the released parties from any loss to any equipment or other property entrusted to or provided by said minor. I understand that there are inherent risks and hazards associated with the activities offered by and/or sponsored by PABSC. I understand that the very nature of the game of baseball and/or softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching the ball, the swinging of the bat, sliding into bases, running, jumping, stretching, sliding, diving, and collisions with other players or stationary objects, all of which can cause serious injury or death to my child and to others. I hereby assume all risks of damage, loss or injury related in any way to my child's participation in PABSC activities. I hereby certify that my child is fully capable of participating in all PABSC activities and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches, officials of the team and PABSC.

Parent/Guardian PRINT NAME \_\_\_\_\_

Parent/Guardian SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

>>>>THIS FORM MUST BE TURNED IN WITH REGISTRATION FORM<<<<