

SCIOTO VALLEY YOUTH LEAGUE
CONSENT/ELIGIBILITY/COMMITMENT FORM

PLAYER'S NAME: _____ TEAM NAME: _____

ADDRESS: _____

BIRTHDATE: _____

PARENT/GUARDIAN NAME: _____

PHONE # _____

I hereby give player, _____,
my consent to participate in SVYL Baseball for the year _____.

I agree that my insurance coverage is the primary coverage for the player in the event of an accident and/or injury from participation in the Scioto Valley Youth League.

I agree that the Managers and Coaches of the Scioto Valley Youth League will not be held liable for any injury or accident during any practice or game. The Managers and coaches may administer minor first aid. In the event of any major injury the player will be transported to the emergency room or released to the parent/guardian.

Please attach a copy of the player's Birth Certificate to this form.

* Signed form, by both team manager & guardian, designates player a member of team *

PARENT/GUARDIAN: _____ DATE: _____
(Signature)

TEAM MANAGER: _____ DATE: _____
(Signature)