

Register in person: Sherrard MVP field on **Saturday, March 7th** from 9:00am-Noon

Register by mail: Sherrard Ball Association, PO Box 552 Sherrard, IL 61281 (**due March 22nd**)

******Face Guards required for ALL Softball Divisions AND Boys C Ball Division******

A child may play up a division depending on team availability/registration head decision. No players may play down a division.

GIRLS SOFTBALL: *Age on May 1st, 2026

Please check one:

(4-6 yrs) 6U PeeWee: _____

(7-9 yrs) 9U Division: _____

(10-11 yrs) 11U Division: _____

(12-14 yrs) 14U Division: _____

BOYS BASEBALL: *Age on May 1st, 2026

Please check one:

(4-6 yrs) T-Ball: _____

(7-8 yrs) D-Ball: _____

(9-10 yrs) C-Ball: _____

(11-12 yrs) B-Ball: _____

Name: _____ Birthdate: _____ Grade Completed in 2025: _____ Age (on May 1st 2025): _____

Parent Name: _____ Address: _____ Ph #: _____

Shirt size of Player: Child Sizes: YS YM YL Adult Sizes: S M L XL XXL Desired Shirt #: _____

Attention Parents/Guardians:

An adult is required to sign-up for concession stand help thru the team coach at least one home game per player. Concessions funds support umpires, repairs/maintenance, supplies, equipment etc. Due to lack of participation by parents/guardians, there is now a concession stand worker opt-out fee of \$40 per player, that must be paid at registration if you are choosing to not work the concession stand. The \$40 opt-out fee will help pay the umpire(s) & also help the association to provide a concession stand worker in your place. The opt-out status will be relayed to the respective coach.

_____ **No thank you, a concession worker will be available to sign up**

_____ **Yes, please find an additional opt-out fee of \$40 per player that is signing up enclosed with the registration fees**

***Registration Fees:** (supplies player shirt & tournaments fees)

\$60 per player / \$50 each additional player **PeeWee & T-BALL is \$50 per player** (no tournament)

Total amount enclosed= _____ (Write checks to: SBSA)

Paid By (circle): Cash Check #: _____ Venmo: @sherrard-ball (last 4 of ph# 0125 / provide player name)

We are always in need of volunteers! Areas of interest:

Head Coach _____ Assistant Coach _____ Board Interest _____ Clean Up _____ Repairs _____

Field Maintenance _____ Team Shirt or Field Sponsorship _____ Concession Donation or Sponsorship _____

*We are hiring reliable umpires. Pay is \$20-\$30 per game depending on division/position.

Weeknight games are played at 6PM & 8PM. Weekend game time varies.

Umpire interest contact: Stephanie Nass 309-429-8670/ Registration questions contact: Kayla 309-644-0820

***Zero-Tolerance Field Policy:** Inappropriate conduct by any coach, player or spectator who berates, harasses or threatens an umpire, will be asked to leave. If you do not leave you are risking forfeiting the game *and* losing the team's spectators for the rest of the season.

*****SEE REVERSE SIDE FOR REQUIRED WAIVER*****

Player Release

COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that: I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE SHERRARD BASEBALL/SOFTBALL ASSOCIATION, its MEMBER LEAGUES AND CLUBS, its directors, officers, officials, agents and/or employees, associated personnel, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. FOR PARENTS/GUARDIANS OF PARTICIPANT UNDER AGE 18 (MINOR) AT TIME OF REGISTRATION this is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

*I, the Undersign (print & sign your name), give the named player permission to participate in the Sherrard Baseball/Softball Town ball program. I waive and release all members of the Sherrard Baseball/Softball Board and anyone in the program from any and all claims or liabilities in the event of injury at practice and/or games; home and away.

(Please print & sign Parent/Guardian name below)

Print Name: _____ Signature: _____
Date: _____