

# 2025 BASEBALL / SOFTBALL REGISTRATION FORM



**REGISTRATION IS OPEN BASED ON THE BELOW DEADLINES OR UNTIL TEAMS FILL.**  
**Questions? Call: (803) 924-8328 or (803) 321-1015 Email: recreation@newberrycounty.gov**  
 Register On-line at [NewberryCountyBaseballSoftball.com](http://NewberryCountyBaseballSoftball.com) or In-Person at one of these locations:  
 •Newberry YMCA •City of Newberry PRT Office •Prosperity Town Hall  
 Make checks payable to Newberry County Family YMCA.  
*\*Once uniforms are ordered there will be NO refunds.*

**Siblings will be placed on a team together if they fall within the same age group unless we are notified otherwise.**

**\*\*NO OTHER REQUESTS FOR A SPECIFIC TEAM/COACH SHOULD BE MADE.\*\***

**PRACTICES PREPARE PLAYERS FOR GAMES; THEREFORE, PRACTICE ATTENDANCE WILL IMPACT PLAYING TIME.**

✓	DIVISION	AGES	GENDER	BIRTH DATE CUTOFF (Age on or before date listed)	PROGRAM FEE	REGISTRATION DEADLINE
	<b>*Minors Baseball</b>	<b>8-10</b>	<b>Male/Female</b>	<b>April 30, 2025</b>	<b>\$50</b>	<b>Feb. 10, 2025</b>
	<b>*Ozone Baseball</b>	<b>11-12</b>	<b>Male/Female</b>	<b>April 30, 2025</b>	<b>\$50</b>	<b>Feb. 10, 2025</b>
	<b>*10U Softball</b>	<b>8-10</b>	<b>Female Only</b>	<b>Dec. 31, 2024</b>	<b>\$50</b>	<b>Feb. 10, 2025</b>
	<b>*12U Softball</b>	<b>11-13</b>	<b>Female Only</b>	<b>Dec. 31, 2024</b>	<b>\$50</b>	<b>Feb. 10, 2025</b>
	<b>***15U Baseball</b>	<b>13-15</b>	<b>Male/Female</b>	<b>April 30, 2025</b>	<b>\$50</b>	<b>Feb. 24, 2025</b>
	<b>***Majors Baseball</b>	<b>16-19</b>	<b>Male/Female</b>	<b>April 30, 2025</b>	<b>\$50</b>	<b>Feb. 24, 2025</b>
	<b>Coaches Pitch Softball</b>	<b>6-8</b>	<b>Female Only</b>	<b>Dec. 31, 2024</b>	<b>\$45</b>	<b>Feb. 24, 2025</b>
	<b>Coaches Pitch Baseball</b>	<b>6-8</b>	<b>Male/Female</b>	<b>April 30, 2025</b>	<b>\$45</b>	<b>Feb. 24, 2025</b>
	<b>T-Ball</b>	<b>5-6</b>	<b>Male/Female</b>	<b>April 30, 2025</b>	<b>\$40</b>	<b>Feb. 24, 2025</b>
	<b>Wee-T</b>	<b>3-4</b>	<b>Male/Female</b>	<b>April 30, 2025</b>	<b>\$40</b>	<b>Feb. 24, 2025</b>

**\*EVALUATION:** A player evaluation will be conducted EACH year for players NEW to the age division. The number of teams may determine if all players (new and returning) will go through the evaluation.

**\*\*13-year-old softball players will not be eligible for All-Star tournament play.**

**\*\*\*Practices begin in late March – games will not begin until school baseball regular season ends.**

**NOTE:** If you are not sure which division your 6- and/or 8-year-old should play in, CALL for consultation.

**PARTICIPANT & PARENT/GUARDIAN INFORMATION**

Player's Full Legal Name: \_\_\_\_\_

**(As it appears on birth certificate)** First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: M    F    Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attending: \_\_\_\_\_  
 (Use above cutoffs)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you play last year?    YES    NO    If so, what team (name/age)? \_\_\_\_\_

**PLAYER'S  
JERSEY SIZE**

*Select only one.*

- Youth Extra Small (2-4)     Youth Small (6-8)     Youth Medium (10-12)  
 Youth Large (14-16)     Adult Small     Adult Medium  
 Adult Large     Adult Extra Large

**Check primary contact(s). This will be the first point of contact for staff and coaches.**

Mother/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SEE SECOND PAGE; SIGNATURE REQUIRED**

**VOLUNTEER/SPONSOR OPPORTUNITIES**

Please **Circle:** I would like to VOLUNTEER as a: **COACH** **ASSISTANT COACH**  
Name: \_\_\_\_\_ Division: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Individuals selected to serve as a head coach MUST attend a coaches meeting.

I would like to **SPONSOR** (\$200 for 1<sup>st</sup> team sponsored, \$50 off each additional team sponsored; Town of Prosperity will invoice the business)

Contact Name: \_\_\_\_\_ Division: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING: ASSUMPTION OF RISK & WAIVER OF LIABILITY**

The County of Newberry Recreation Department ("COUNTY"), the Town of Prosperity ("TOWN"), the City of Newberry Parks, Recreation, & Tourism Department ("CITY"), the Newberry County Family YMCA ("YMCA"), Newberry Academy ("NA"), and Newberry College ("COLLEGE") who are referred to collectively herein as ("PARTIES").

*In signing up and participating in PARTIES programs, I expressly assume the risk and legal liability and waive and release all claims for injuries, damages or loss which my child(ren) or myself might sustain as a result of participating in any and all activities, including transportation services, where provided.*

*I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my child(ren) may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child(ren) may have as a result of participating in these programs against the PARTIES, their officials, agents, volunteers, sponsors, and employees.*

*If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel. I understand I am responsible for all costs incurred in any such medical emergency.*

*I understand photographs of my/my child's participation in this program may be used by the PARTIES to promote the PARTIES' events and/or facilities, without compensation and without additional approval.*

*The PARTIES have created new protocols and put in place preventative measures to reduce the spread of covid-19; however, the PARTIES cannot guarantee that you or your child(ren) will not become infected with covid-19. Further, attending any program may increase your child(ren)s risk of contracting covid-19. I assume the risk that myself/my child may be exposed to or infected by COVID-19 by attending the PARTIES programs, and that such exposure or infection may result in personal injury, illness or other result.*

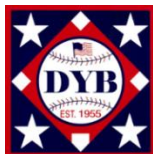
*I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the PARTIES programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold the PARTIES, past and present Council members, PARTIES employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the PARTIES, their employees, agents, and representatives.*

**I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE.**

Print Name of Parent/Legal Guardian (if participant is under age 18)

Signature of Participant or Parent/Legal Guardian (Parent or Legal Guardian must sign for participants under age 18) Date

**For more information: Call: (803) 924-8328 or (803) 321-1015 Email: recreation@newberrycounty.gov**



For Office Use Only: Date Registered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount paid: \$\_\_\_\_\_ Registered by: \_\_\_\_\_