



Delta Youth Baseball & Softball Association

SUMMER 2023

IN PERSON REGISTRATION DATES @ Delta Memorial Hall

Sunday February 5 - 1:00-3:00pm

Sunday February 26 - 1:00-3:00pm

Registration Deadline is March 17, 2023

Registrations will NOT be accepted after 3/17/2023 - NO EXCEPTIONS

AGE BRACKETS & PRICING

T-BALL (Co-Ed, 5-6Y)	Must be 5 on or before 5/1/2023	\$40
----------------------	---------------------------------	------

SOFTBALL	BIRTHDAY	BASEBALL	BIRTHDAY	PRICE
8U (7-8y)	2014-2015	LOB (7-8y)	5/2/2014-5/1/2016	\$50
10U (9-10y)	2012-2013	Minors (9-10y)	5/2/2012-5/1/2014	\$70
12U (11-12y)	2011-2010	Majors (11-12y)	5/2/2010-5/1/2012	\$80
14U (13-14y)	2008-2009	Pony (13-14y)	5/2/2008-5/1/2010	\$90

** \$10.00 one-time discount per family for multiple players

** Age cut offs are Jan 1 for softball and May 1 for baseball. For example, if your son is 7 years old as of May 1, 2023 they will play LOB ball.

Follow us on Facebook @DYBSA & Instagram @deltayouthbsa

Website: www.deltayouthbsa.com

Email: deltayouthbsa@gmail.com

Call or Text Questions to (419) 388-4236

REGISTRATION FORM

Division (circle one): T- BALL (Co-Ed, 5-6y)

BASEBALL LOB (7-8) MINORS (9-10) MAJORS (11-12) PONY (13-14)

SOFTBALL U8 (7-8) U10 (9-10) U12 (11-12) U14 (13-14)

FIRST NAME:		LAST NAME:	
ADDRESS:			
BIRTHDATE:			

PARENT/GUARDIAN 1:			
EMAIL:			
PHONE:		TEXT:	YES OR NO

PARENT/GUARDIAN 2:			
EMAIL:			
PHONE:		TEXT:	YES OR NO

JERSEY SIZE (circle one) YS YM YL AS AM AL AXL AXXL

TOP 5 PREFERRED JERSEY NUMBERS: _____
 (priority will be given based on the date registration form is received)

WAVIER OF LIABILITY

I the parent/guardian for the above child release, discharge, and/or otherwise indemnify the organization/league/club for which I am registering the child to play, its affiliated sponsors, employees and associated personal, including the owners of the field and facilities utilized against any claim by or on behalf of the registrant of his or her participation.

Parent/Guardian Signature _____ Date _____

GENERAL MEDICAL CONSENT

I give my consent to have an athletic trainer, coach paramedic, and/or Doctor of Medicine or dentist provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on the information provided on this form.

Parent/Guardian Signature _____ Date _____

Make check payable to **DYBSA**

Venmo: @DeltaYouthBSA

Completed forms along with payment can be mailed to:

P.O. Box 43
 Delta, Ohio 43515



venmo