

## **2025 DECATUR BASEBALL LEAGUE REGISTRATION**

Please circle appropriate league below based on age PRIOR to May 1<sup>st</sup> \* (See chart on back)

**Tee Ball (4-5)      Coach Pitch (6-7)      Minors (8-9)      Majors (10-12)      Koufax (13-14)**

PLEASE NOTE: Players who are 10 y/o may be subject to cuts and may result in going to the level below.

Player \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size: **Youth** XS S M L XL **Adult** XS S M L XL

Last Year's Team \_\_\_\_\_ Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**PLEASE PUT CORRECT SHIRT SIZE, DECATUR BASEBALL LEAGUE IS NOT RESPONSIBLE FOR WRONG SIZE SHIRTS BEING ORDERED.**

**Tee Ball: \$45      Coach Pitch/Minors/Majors: \$80      Koufax: \$90**

Price includes registration, hat, jersey, umpire costs, and Adams County Parks & Rec fees. Make checks payable to Decatur Baseball.  
\$10.00 discount for each additional child from the same family, please list siblings below.  
\$25.00 late fee if received after February 28th.

**For players 6, 8, 10 years of age &/or new to the league, tryouts will be**  
**Tuesday, March 11th @ Bellmont High School Auxiliary Gym**

**Coach Pitch Tryouts (6 yr olds): 6:15pm**

**Minors Tryouts (8 yr olds): 7:00pm**

**Majors Tryouts (10 yr olds): 7:30pm**

Parent/Guardian Name(s) (Please Print) \_\_\_\_\_

Cell Phone(s) their coach should text information: \_\_\_\_\_

I am interested in: ☐ Coaching or assisting a Team

### **PARENTAL AUTHORIZATION**

I, parent or guardian of the above named candidate for a position on a Decatur Baseball League team, hereby gives approval for participation in any and all league activities during the current season. I assume all risk and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organizers, sponsors, supervisors, participants, and person transporting the player to and from activities for any claim arising out of an injury to the player.

I also grant permission to managing personnel or other league officials or representatives, to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while neither parent or guardian is available to grant authorization or emergency treatment.

I agree to pay the league fee and will furnish a certified birth certificate (upon request) prior to the start of the season.

Signature of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_

Siblings in League: (Use back to list additional siblings, if needed)

Name \_\_\_\_\_ League \_\_\_\_\_ Paid \_\_\_\_\_

Name \_\_\_\_\_ League \_\_\_\_\_ Paid \_\_\_\_\_

## 2025 Decatur Baseball League age chart

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	AGE
2021	2021	2021	2021	2020	2020	2020	2020	2020	2020	2020	2020	4
2020	2020	2020	2020	2019	2019	2019	2019	2019	2019	2019	2019	5
2019	2019	2019	2019	2018	2018	2018	2018	2018	2018	2018	2018	6
2018	2018	2018	2018	2017	2017	2017	2017	2017	2017	2017	2017	7
2017	2017	2017	2017	2016	2016	2016	2016	2016	2016	2016	2016	8
2016	2016	2016	2016	2015	2015	2015	2015	2015	2015	2015	2015	9
2015	2015	2015	2015	2014	2014	2014	2014	2014	2014	2014	2014	10
2014	2014	2014	2014	2013	2013	2013	2013	2013	2013	2013	2013	11
2013	2013	2013	2013	2012	2012	2012	2012	2012	2012	2012	2012	12

