



AGE GROUP PLAYING IN: \_\_\_\_\_ \$40.00 FUNDRAISER BUYOUT: \_\_\_\_\_



# Canton South Baseball Association of Stark County Inc. 2012 Sign-up Form

PLAYER'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

CHILD'S AGE (AS OF JUNE 1<sup>ST</sup>, 2012) \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SCHOOL CHILD ATTENDS \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

DID YOUR CHILD PLAY FOR C.S. BASEBALL ASSOCIATION  
LAST YEAR? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, WHICH TEAM OR COACH? \_\_\_\_\_

I AM INTERESTED IN: MANAGING A TEAM \_\_\_\_\_

HELPING COACH A TEAM \_\_\_\_\_

-CSBASC USE ONLY-

DATE \_\_\_\_\_

FEE PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

RECEIPT # \_\_\_\_\_

CSBASC REPRESENTATIVE \_\_\_\_\_

JERSEY SIZE \_\_\_\_\_ PANTS SIZE \_\_\_\_\_ HAT SIZE \_\_\_\_\_



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## CSBASC Financial Responsibility Agreement

All fees must be paid at the time of registration, except in extenuating circumstances that are communicated to an officer of CSBASC.

If a family is experiencing a financial hardship, a request can be made in writing to the board of the CSBASC requesting a payment plan of three installments that **must be paid before April 15<sup>th</sup> of the 2012 season.**

If registration fees are not paid before April 15<sup>th</sup> 2012, the CSBASC player **will not receive his or her uniform until the fees have been paid in full.**

A mandatory fundraiser of raffle tickets is required by all players in the CSBASC unless you buy out of this event. All tickets must be sold and all monies turned into your respective team Manager by the deadline notated on the raffle ticket information sheet. **Any ticket/s not turned into your respective team Manager by the due date will result in an immediate suspension of the player until all ticket monies are paid in full.**

I, (print name) \_\_\_\_\_ do hereby certify that I have read and understand the terms and conditions of the CSBASC "Financial Responsibility Agreement".

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness of CSBASC board member: \_\_\_\_\_

Please make checks out to CSBASC and mail them to CSBASC P.O. Box 66 Canton, Ohio 44707



## 2012 Canton South Baseball Association of Stark County Inc.



The Canton South Baseball Association of Stark County Inc. welcomes you, the parent as well as your son or daughter this year as a Hot Stove Baseball participant. The Canton South community represents a great sporting atmosphere, as well as a community to live.

In the past, the CSBASC board has had to deal with a small number of unfortunate incidents involving unacceptable conduct. The incidents do not just involve a players, but parents and/or spectators as well. As adults, we are expected to set examples for our younger generation. In doing so, we need to stay focused on the real reason we are here; the player!

The CSBASC abides by not only our own by-laws and constitution, but also the Ohio Hot Stove rules & regulations. Each set of rules has a section dedicated to conduct unbecoming of a parent, player, coach and spectator. CSBASC believes that sportsmanship plays a key role in why Canton South has a successful sports organization.

The attached form gives you, as a parent, some insight as to what may occur in the event of conduct unbecoming. Again, this form reflects back to the Ohio Hot Stove rules & regulations, as well as the CSBASC by-laws & constitution.

As parents and spectators, while in attendance for a practice or game, enjoyment is a priority. As a player, learn, live and love the game to its fullest. As coaches and managers, teach and instruct your players to their fullest potential!

**CANTON SOUTH BASEBALL STILL REMAINS A PRIVILEGE!**

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# Canton South Baseball Association of Stark County Inc. No Tolerance Policy



The actions of players, managers, coaches, fans, umpires and league officials must be above reproach. Any player, manager, coach, fan, umpire, or league representative who is involved in a verbal or physical altercation, or an incident of unsportsmanlike conduct, at the game site or any other OHSBL activity, is subject to immediate suspension for 1 year with reinstatement subject to approval by CSBASC and OHSBL.

Physical abuse of an umpire or league representative will result in an immediate ejection and permanent suspension from CSBASC and possible legal action to be filed.

Upon ejection from a game, the ejected party must leave the complex (ball fields & parking areas) and may not return unless authorized by the CSBASC Board of Directors until the suspension has been completed. Failure to leave the complex may result in forfeiture of game by the team associated with the ejected party.

All umpires or CSBASC officials/representatives involved must provide a verbal incident report to the President of the CSBASC within 24 hours of the game outlining reasons and/or circumstances for the ejection. Then, followed by a written report to the CSBASC Board of Directors within 72 hours.

Players, managers, coaches that have been ejected will be required to appear in front of the CSBASC Board of Directors to explain their conduct. In the case of a player, the manager and parent shall appear with the player in the capacity of an advisor. Parents or fans ejected will be granted one appeal opportunity in front of the CSBASC Board Directors.

Prior to the start of practices for the upcoming season, coaches will be given a copy of the CSBASC "No Tolerance Policy" for their review and signature. The "No Tolerance Policy" forms need to be turned in prior to a player being allowed to begin practicing.

I, the parent or guardian of \_\_\_\_\_ do hereby certifies that I have read and agree to abide by the CSBASC "No Tolerance Policy".

\_\_\_\_\_  
(PRINT NAME) PARENT/GUARDIAN

\_\_\_\_\_  
DATE & SIGNATURE

\_\_\_\_\_  
CSBASC WITNESS & DATE



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# Canton South Baseball Association Of Stark County Inc.



In consideration of my participation in the activities of the Canton South Baseball Association of Stark County Inc., I do hereby declare my child to be medically able to participate in the activities of the Canton South Baseball Association of Stark County Inc. I agree to hold free from any and all liability the Canton South Baseball Association of Stark County Inc. and it's respective officers, employees, member, volunteers, and sponsors; and do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of connected with my child's or my own participation in any of the activities of the Canton South Baseball Association of Stark County Inc.

I have been appraised of and have knowledge about the possible hazards and potential danger involved in my child's and/or my own participation in the activities of the Canton South Baseball Association of Stark County Inc.

MY CHILD'S NAME IS

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_

DATE \_\_\_\_\_

WITNESS SIGNATURE

\_\_\_\_\_

DATE \_\_\_\_\_

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# Canton South Baseball Association Of Stark County Inc. Medical Release Form



Dear Parent(s)/Legal Guardian(s):

Below is a form you may wish to complete and turn in to child's manager. By completing this form, you are consenting to medical care for your child when efforts to contact you are unsuccessful.

## AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINORS

### Part I, Identification

I (We) \_\_\_\_\_ and \_\_\_\_\_  
of (address) \_\_\_\_\_  
am (are) the natural parents or legal guardians having legal custody of  
(Child's name) \_\_\_\_\_ who resides with me (us).

### Part II, Authorization

I (We) authorize Canton South Baseball Association of Stark County Inc. or my child's manager or other person appointed by the manager to consent to x-ray, examination, anesthetic, hospital care, medical or surgical diagnosis or treatment to be rendered to (child's name) \_\_\_\_\_ when the need for such care is immediate and when efforts to contact me (us) are unsuccessful.

### Part III, Duration

I (We) understand that this authorization is valid for the **2012** baseball season. The purpose for this authorization is my (our) unavailability due to any reason.

### Part IV, Information

Child's birth date \_\_\_\_\_ Child's physician \_\_\_\_\_  
Preferred hospital \_\_\_\_\_  
Child's allergies \_\_\_\_\_ Medicine child is taking \_\_\_\_\_  
Child's existing medical condition \_\_\_\_\_  
Emergency Phone Numbers: \_\_\_\_\_ or \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



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