

**Registration Form**

Player Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle One

Shirt Size:  
YXS(6) YS(7-8) YM(10-12) YL(14-16) YXL(18-20)  
AS AM AL AXL

Number Request \_\_\_\_\_

*2022 Team  
Big Bat—T Ball—*

Team Name \_\_\_\_\_

*2023 Team Request  
Big Bat—T Ball—*

Team Name Request \_\_\_\_\_

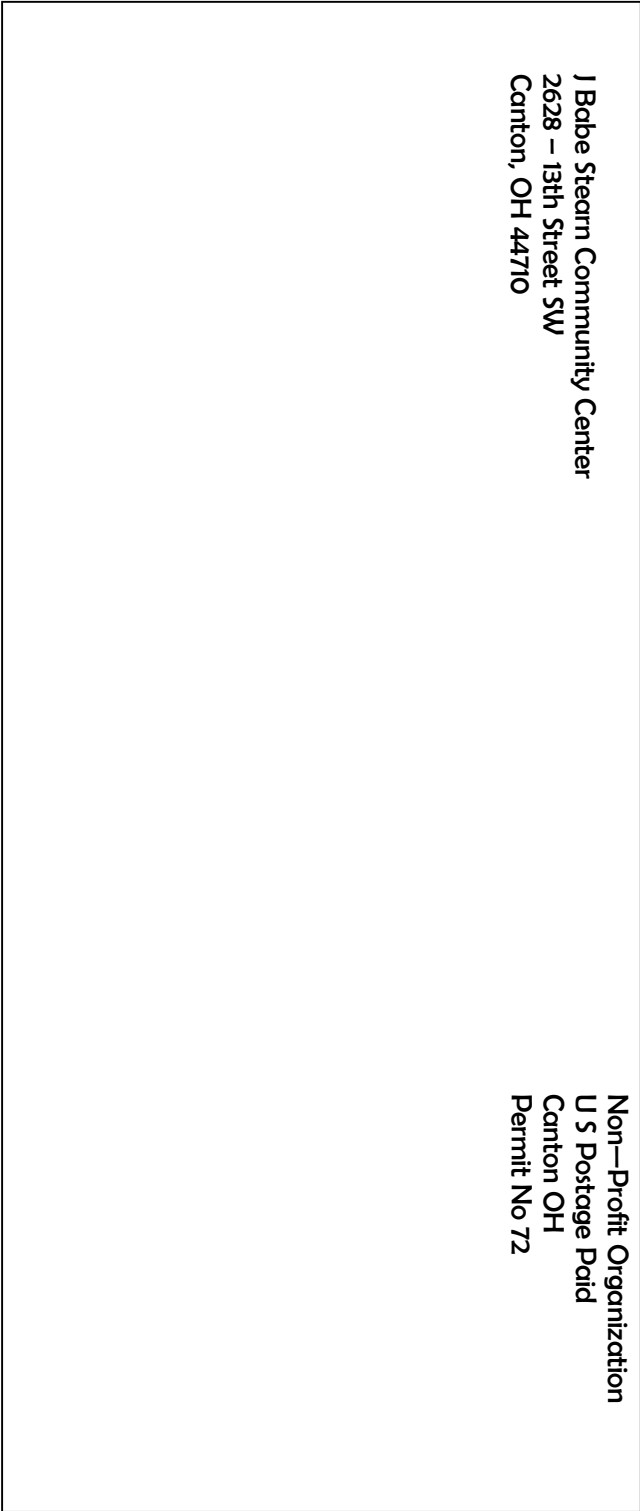
**Coaches Needed**

If you are interested in coaching please complete this section.  
\*National background check required

Name \_\_\_\_\_

Phone \_\_\_\_\_

Circle One  
— Big Bat — T-Ball —



J Babe Stearn Community Center  
2628 – 13th Street SW  
Canton, OH 44710

Non-Profit Organization  
U S Postage Paid  
Canton OH  
Permit No 72



**BASEBALL**  
**2023**

**BIG BAT  
T-BALL  
AGES 3-6**



**The Home of Canton Mitey Mite Baseball Since 1954**

For More Info Contact the Stearn Center at 330 455-3921

CCSD does not endorse the activities, viewpoints or events promoted in the material posted or distributed at the school

## League Information

### Divisions

#### Age 3 & 4 Big Bat

Big Bat will play a 6 game schedule on Thursday evenings beginning May 4, 2023—**Games only no practice—Parent Participation Required** - Parent meeting will be Saturday, April 29, 2023 at the J Babe Stearn Center at 10 AM.

#### Ages 5 & 6 T-Ball

T Ball will play an 8 game schedule on Saturday beginning May 6, 2023. Parent Meeting for all T-Ball Players will be Saturday, April 29, 2023 at 11 AM the J Babe Stearn Center.

Return Payment & Application to:  
**J Babe Stearn Center**  
**Mitey Mite Baseball**  
 2628—13th Street SW  
 Canton, OH 44710

Make Checks Payable to: J Babe Stearn Center

\*Date, Times & Locations subject to change

The Stearn Center is located 4 blocks directly South of Aultman Hospital

2628 13th Street SW  
 Canton, OH 44710  
**Phone (330) 455-3921**  
 Fax (330) 455-7764

Log On: [www.stearncenter.net](http://www.stearncenter.net)

## Fees

Players Name			
<b>Playing Level</b>	<b>Age</b>	<b>Fee</b>	<b>Ck One</b>
Big Bat	3-4	\$ 35.00	
T Ball	5-6	\$ 80.00	

**If a refund is needed who should the refund check be made payable to?**  
**Please Print**

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

#### Office Use Only

Total Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_

Cash    Check # \_\_\_\_\_    CC    M/O

Receipt: \_\_\_\_\_ JBSCC Staff: \_\_\_\_\_

## Emergency Contact

1st Contact Name
Phone
2nd Contact Name
Phone

## Emergency Treatment Consent

I am the natural Parent or Legal Guardian and authorize representatives of the J Babe Stearn Community Center to consent to treatment when the need for care is immediate and efforts to contact us are unsuccessful. In consideration of my child's participation in the activities of the J. Babe Stearn Community Center. I hereby declare him/her medically able to participate in the activities of JBSCC. I understand that there are risks and agree to familiarize myself with all equipment, facilities, rules, and physical demands related to the activities of the league. On behalf of myself, my heirs, executors, and administrators, I agree to release and discharge the J Babe Stearn Center, its officers, managers, coaches, and sponsors, of, and from any and all liability for injury to my child or guardian resulting from, or in any way connected with, his or her participation in any of the activities of the J Babe Stearn Community Center.

\_\_\_\_\_  
 Parent/Guardian Signature Date