

CENTER YOUTH BASEBALL Registration Form

Please circle the appropriate age group for the participant (Age charts available for review)

T-Ball 7-8 9-10 11-12 13-14

Player's Name: _____
First _____ Middle _____ Last _____ Preferred Name _____

Birth day: _____
Age as of May 1st: _____

Address: _____

City: _____ **Zip Code:** _____

Parents/Guardian Name: _____

Home Phone Number: _____ **Work:** _____

Cell Phone Number: _____ **Other:** _____

Email: _____

I/We, the parents of the above mentioned candidate for a position on a league baseball team hereby give my/our approval of the candidate's participation in any and all of the activities; I/We do further hereby release, absolve, indemnify and hold harmless the league and (Center Youth Baseball) the organizers, sponsors, and the supervisors, any or all of them. In case of injury to my child, I /We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We will furnish a certified birth certificate of the above named candidate upon request of league officials.

Further, I/We agree to assist the league and Center Youth Baseball whenever called on for activities requiring adult volunteers, including field work days and working in the concession stand. I/We also understand that participation in the league can be terminated due to any unacceptable behavior by the participant or parent with no refund of fees as deemed necessary by Center Youth Baseball Board Members.

I/We grant permission for league officials or their representative to secure medical treatment for my child of injury during a league activity or while the child is going to or coming from a league activity.

I/We realize that a portion of the registration fee paid for my child goes for excess insurance to help defray costs in case of injury to the child going to and from practice and games and during practice and games. A Deductible does apply, to be paid by participant's parent, after participant's regular health insurance pays.

I/We grant permission for qualified hospital personnel or nurses or medical doctors or any combination of the above to treat the child or take any measures they deem necessary to the best interests of the child's health when the child suffers any type of injury or health problem during league activities or while coming to or leaving such activities. This applies to activities outside Center as well as inside Center.

Shirt Size (circle one/only sizes available) **S Y M Y L A S A M A L A X L**
Please list any physical handicaps, allergies etc. _____

School: _____ **Grade:** _____

Doctor: _____ **Telephone #:** _____

League player played last year: _____

Parent's Signature: _____

League Use Only
Fee Due/Collected: \$ _____ (Circle One) Cash Check _____ check # _____
Birth Certificate Verified: Yes No Shirt Size Verified: Yes No
League Official Signature: _____