

CAPAC YOUTH BASEBALL LEAGUE

PO BOX 557 - CAPAC - MI - 48014

2010 Registration Form

Player Information

Full Name: _____	Date of Birth: _____
Address: _____	City: _____
State: _____ Postal Code: _____	School: _____
Home Phone: _____	Best Phone: _____
Email Address: _____	
Parent/Guardian 1: _____	Relationship: _____
Best Phone: _____	Email Address: _____
Parent/Guardian 2: _____	Relationship: _____
Best Phone: _____	Email Address: _____

Age Cut Off Dates

Girls January 1st	Boys May 1st
Age on Cut Off Date: _____	
Grade on Cut Off Date: _____	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Throws: <input type="checkbox"/> R <input type="checkbox"/> L	
Bats: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> S	
Years of Experience: _____	
Last Year All Stars: <input type="checkbox"/> Y <input type="checkbox"/> N	
Shirt Size:	
<input type="checkbox"/> Youth Small	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Adult Large
<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult X-Large
<input type="checkbox"/> Youth X-Large	<input type="checkbox"/> Adult 2X-Large
<input type="checkbox"/> Adult Small	<input type="checkbox"/> Other _____

LEAGUE USE ONLY	DIVISIONS: Please Check the Appropriate Division	
Date Paid:	Baseball	Softball
<input type="checkbox"/> Cash <input type="checkbox"/> ✓#	<input type="checkbox"/> 6U T-Ball \$35.00	<input type="checkbox"/> 8U Coach Pitch \$35.00
<input type="checkbox"/> Online <input type="checkbox"/> Other	<input type="checkbox"/> 8U Coach Pitch \$35.00	<input type="checkbox"/> 10U Minors \$35.00
Reg\$: _____ Late: _____	<input type="checkbox"/> 10U Minors \$35.00	<input type="checkbox"/> 12U Majors \$50.00
Discounts: _____	<input type="checkbox"/> 12U Majors \$50.00	<input type="checkbox"/> 14U Juniors \$60.00
Total Paid: _____	<input type="checkbox"/> 15U Babe Ruth \$60.00	<input type="checkbox"/> 18U Seniors \$60.00

MEDICAL HISTORY: Medications, Allergies and Special Conditions.

Emergency Contact Information

Name: _____

Phone: _____

Please List Any Activities Your Child Will Be Involved In During The Season

1. _____

2. _____

3. _____

4. _____

There Will Be A \$5.00 Family Discount. Please List All Family Members Registering.

1. _____

2. _____

3. _____

4. _____

We Are Offering A \$5.00 Discount On Each Registration Received Prior To March 1st. Please Deduct This From Your Fees And Mail This Form, With Payment, To CYBL, PO Box 557, Capac, MI 48014. There Will Be A \$5.00 Late Fee If Received After March 31st.

Fee Worksheet	
1. Division Fee (+)	\$ _____
2. Before March 1st (-)	\$ _____
3. Family Discount (-)	\$ _____
4. Late Fee (+)	\$ _____
Total Payment Included	\$ _____

Capac Youth Baseball League will provide a team shirt and cap/visor. All Players will need to provide their own pants and shoes, as well as gloves. Boys must provide and wear a protective cup at all times. No jewelry will be allowed.

Please visit our website at www.capacbaseball.org for League news and updates. We will be updating the site as much as possible throughout the year, so please check back often. Send questions by email to info@capacbaseball.org

All children will play on a team in this "Everyone Plays" program. There will be NO special requests accepted for ages 9 & up, unless the players parent is the coach and wishes their child to be on their team.

MEDICAL AUTHORIZATION / PERMISSION TO PLAY

GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a Physician, Dentist or Emergency Worker, and the transfer of the child to the closest most appropriate hospital or medical facility.

NOTE: This authorization does not cover major surgery unless the medical options of two other licensed Physicians or Dentists, concurring in necessity for such surgery, are obtained BEFORE the surgery IS PERFORMED.

Participants Name: _____
Please Print Name

Parent/Guardian: _____
Please Print Name

Date: _____

Parent/Guardian: _____
Signature