

Belvidere Youth Baseball 2012 Registration Form

Player's last name		Player's first name		Sex: Male / Female	Date of Birth (mm/dd/yy)
Street Address			City	Zip Code	Home phone
School		Grade:	Player lives with: Mother / Father / Both / Other: _____		
Father/Guardian's name (last, first)			Occupation	Work phone	
Cell phone	Home phone (if different than player's)		Father can help with: (ie: coaching, clean-up day, BYB board)		
Mother/Guardian's name (last, first)			Occupation	Work phone	
Cell phone	Home phone (if different than player's)		Mother can help with: (ie: coaching, clean-up day, BYB board)		
Email address where parents can be contacted:			Parents: Please circle the ONE phone number listed above that is the best one for BYB to call regarding team information, game or practice cancellations, etc.		
Player's Physician:		Phone	Any medical condition BYB should be aware of:		
Emergency contact if parents cannot be reached:		Phone	Relationship to player		
Did the player participate in BYB last year?			If yes, what was the Division and Team name:		
If no, list any other baseball league the player was in last year:			Preferred playing positions (for informational purposes only, all positions are assigned by coaches)		
<u>T-shirt size, circle one:</u>		Youth Small	Youth Medium	Youth Large	Youth XL
Adult Small		Adult Medium	Adult Large	Adult XL	Adult XXL
<p>Release: As the parent and/or legal guardian of this player, I grant him/her approval to participate in all Belvidere Youth Baseball (BYB) activities. I assume all risks incidental to such participation and do hereby waive & agree to hold harmless BYB, Inc., its officers, sponsors, volunteers & staff for any claims arising of this player's participation. I further grant permission to authorize and obtain medical care for this player in the event he/she should become ill or injured while participating in any BYB activity.</p> <p style="text-align: center;">Parent/Guardian Signature: _____ Date: _____</p>					
For BYB Use Only					
Date Paid: _____		Amount Paid: _____		League: _____	
<input type="checkbox"/> Cash		<input type="checkbox"/> Check # _____		New player's Birth Cert. ck'd by: _____	
Notes: _____					