

# Developmental Baseball Registration

Return by March 15

<b>FEES</b>	
\$15.00	<input type="checkbox"/> City of Plymouth
\$20.00	<input type="checkbox"/> Township/Village of _____

Please indicate grade as of January 1st of current year (Minimum age 4 by January 1st)

\_\_\_\_\_ Kindergarten          \_\_\_\_\_ 1st Grade          \_\_\_\_\_ 2nd Grade

## Player Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Sex: M F

E-mail Address \_\_\_\_\_

<b>SHIRT SIZE</b>			
Adult: S	M	L	XL
Youth: S	M	L	XL

Baseball past experience (years): \_\_\_\_\_

Last Year Coach/Team & League \_\_\_\_\_

Other siblings registering for Developmental Baseball:

Name \_\_\_\_\_ Name \_\_\_\_\_

Want siblings on the same team? ( Y or N )

## Parent / Guardian:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## Volunteer Information: \*check all that apply

- Coach           Assistant Coach           Plymouth Tournament (July 9-11)  
 Field Maintenance           Registration           \$25 Cash Donation

*All volunteers will be contacted prior to the start of the season. With almost 500 children participating in our programs each year, the success of the Plymouth Youth Athletic Association is dependent on the volunteer support of its members. Please find either time to help or at least consider a donation. Thank you!*

I, on behalf of myself, my estate or heirs and any other person who may have a claim as a result of my death, injury or disability (all hereinafter "Releasor"), hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE the City of Plymouth, the Plymouth Youth Athletic Association Inc., its directors, officers, employees, insurers, agents and owners of any premises utilized by PYAA (all herein after "Releasee"), from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries or damages arising out of my participation in the PYAA league, including, but not limited to losses caused by the passive or active negligence of the Releasee.

Releasor understands and acknowledges that the activities of PYAA have inherent dangers that cannot be eliminated. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT DISABILITY OR DEATH sustained while participating in the PYAA league, including the risk of passive or active negligence of the releasee or any other participant.

Releasor acknowledges and fully understands that each participant, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that social and economic losses may result not only from Releasor's own action, not known or not reasonably foreseeable at this time. The undersigned does hereby represent that s/he is the parent or legal guardian of the PYAA participant and acting in such capacity agrees to the terms and conditions of the above waiver and release.

Signature of Parent/Legal Guardian \_\_\_\_\_

<b>Please make checks payable to:</b> Plymouth Youth Baseball (PYB) P.O. Box 251, Plymouth, WI 53073	Check amount & Number _____	Cash amount _____
	Medical Form _____	Code of Conduct _____