

GREENVILLE/HUNT COUNTY YMCA REGISTRATION

COACHING/PLAYER - BASEBALL/T-BALL 2010

WWW.GREENVILLE-YMCA.ORG

Age Division _____

Member
Non-member

_____	New Player – Did not play last season
_____	Returning player – Return to same team
_____	Returning Player – Place in draft

****No Special Requests Allowed****

****Copy Of Birth Certificate Required For All New players**

Player Information

Last Name _____ First Name _____ D. O B. ____ / ____ / ____
m d y

Address _____ City _____ Zip _____ **Male/Female**

Contact Phone _____ Contact E-mail (*required*) _____

Grade _____ School _____

Jersey Size ()YS(6-8) ()YM(10-12) ()YL(14-16) ()AS(34-36) ()AM(38-40) ()AL(42-44) ()AXL(46-48)

Please answer the following questions:

Would you like to see SELECT baseball continue in spring 2011? _____ Yes _____ No

Would you like your son to be an All Star* this season? _____ Yes _____ No

* For Bronco (12U), Mustang (10U), and Pinto (8U) leagues only. At the end of the season we will be conducting post-season tournaments. Selected coaches will choose all stars. They will pick from the pool of players that have selected "YES" to the above question. **IT IS NOT GUARANTEED THAT YOUR SON WILL BE PICKED.** There may or may not be multiple All Star Teams.

Parent / Guardian Information

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____ Relation _____

Parents Code of Conduct

- I will cheer for my child and not yell at him or her.
- I will not argue calls with the officials, neither during nor after the game.
- I will respect the decision of the coaches, officials and program administrators in all matters.
- I will not engage in any negative behavior towards the other team, their players, coaches or parents.
- I will stress to my child, and demonstrate by my behavior, the importance of sportsmanship in all areas of play.

For those *only* playing in a **SELECT LEAGUE**

Playing time for each player is subject solely to the coach's DISCRETION and is not limited by a specific number of innings, minutes, or games.
(Please Initial) _____

Injury Waiver/Medical Consent

In consideration of my child being accepted in the Greenville/Hunt County YMCA program, I do hereby waive and release the Greenville/Hunt County YMCA Staff, Board of Directors, Officials and Team Coaches of all rights and claims for damages sustained and suffered by my child in connection with his/her association and participation in the Greenville/Hunt County YMCA programs. In the event I cannot be reached in an emergency, I do hereby give permission to the YMCA Staff and Coaches to secure proper treatment for my child as named above.

Parent's Signature : _____ Date : _____

Volunteer Ability	YMCA Staff only
Head Coach Name _____ Coach Shirt Size _____ (Cost: \$20)	Receipt # _____
Assistant Coach Name _____ Shirt Size _____ (Cost: \$20)	Date: _____
Team Sponsor (Cost: \$175 per team) - Sponsor Name: _____	Amt: _____
Sponsor another player for \$10 \$15 \$20 Other \$ _____	Staff: _____