GREENVILLE/HUNT COUNTY YMCA REGISTRATION

PLAYER - BASEBALL/T-BALL 2010

WWW.GREENVILLE-YMCA.ORG

Age Division_____

Member
Non-member

No Special Requests Allowed
***Copy Of Birth Certificate Required For All New players*

_____**New Player** – Did not play last season

_____**Returning player** – Return to same team

_____**Returning Player** – Place in draft

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 : _____

Team Sponsor (Cost $175.00 per team) – Sponsor Name: _____

Sponsor Another Player for: $10 $15 $20 Other $ _____

YMCA Staff only

Receipt # _____

Date: _____

Amt: _____

Staff: _____