

YOUTH BASEBALL REGISTRATION

T-Ball 1st/2nd Grade Coach Pitch 3rd/4th Grade Coach Pitch Kid Pitch

PLEASE COMPLETE

DOB: _____

PARTICIPANT'S NAME: _____ SEX: MALE _____ FEMALE _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE #: _____ *SCHOOL: _____ GRADE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

BUSINESS PHONE #: _____ BUSINESS PHONE #: _____

EMAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

HOME PHONE #: _____ BUSINESS PHONE #: _____

UNIFORM SIZES, PLEASE CIRCLE ONE	
YOUTH SMALL	YOUTH LARGE
YOUTH MEDIUM	ADULT SMALL

DAYS OF WEEK FOR PRACTICE				
MON	TUES	WED	THU	FRI

PARENTS: We really need adults to serve in several key areas. Please write your name down and indicate where you will be able to assist. Thank you for making this Youth Baseball League so successful (PLEASE INDICATE WITH AN "X")

NAME: _____ COACH _____ TEAM PARENT _____ UMPIRE _____

I hereby certify that _____ is in normal health and capable of participating in the YMCA Youth Baseball Program.

The YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant.

In case of sickness or accident, the Santa Barbara Family YMCA has my authorization to secure such medical attention as deemed necessary, at my expense, if unable to communicate with me immediately.

Signature: _____ Date: _____

SPECIAL REQUESTS (Reciprocal Requests Only)

SKILL LEVEL (Please "x" one selection)
<input type="checkbox"/> BEGINNER (NEVER PLAYED) <input type="checkbox"/> INTERMEDIATE (SOME EXPERIENCE) <input type="checkbox"/> ADVANCED (EXPERIENCED)

For Office Use:

_____ Date

_____ Receipt

_____ Total Paid

_____ Initials