

BEAUMONT YOUTH BASEBALL LEAGUE REGISTRATION FORM

FIRST NAME _____ LAST NAME _____ SEX _____ DATE OF BIRTH _____ VERIFIED BY _____ Date _____
SCHOOL: _____ TEAM LAST YEAR: _____ DIVISION: _____
LIVES WITH (FATHER/MOTHER/GRANDPARENTS OR LEGAL GUARDIAN): _____
CRITICAL INFORMATION ABOUT YOUR CHILD: _____

FATHER & MOTHER/LEGAL GUARDIANS INFORMATION

FATHERS FULL NAME _____ ADDRESS _____ CITY _____ PHONE # _____
OCCUPATION _____ Have you managed/coached in the past? _____ CELL PHONE # _____
MOTHERS FULL NAME _____ ADDRESS _____ CITY _____ PHONE # _____
OCCUPATION _____ Have you managed/coached in the past? _____ CELL PHONE # _____
E-Mail: _____ E-Mail: _____

VOLUNTEER SIGN-UP SHEET

Our organization is a non-profit, volunteer organization that needs everyone's help to be successful.
Please Contact the Board for Information on Volunteering in the League. Thank You

I/We, the parents and or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of any injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when issued except for normal wear and tear. I/We will furnish a certified Birth Certificate of the above named candidate to league officials. BYB may take photographs or video of league activities to be used in the media and print. (No commercial use). Items may be used for coaching clinics, awards and recognitions.

Signature: _____ (Father or guardian)
Signature: _____ (Mother or guardian)

(For League Use Only)

Amount Due: _____ Amount Paid: _____ () Cash () Check # _____
Sponsorship: _____ Verified By: _____

A portion of your registration fee (\$7.50)
goes to Beaumont-Cherry Valley
Recreation & Park District for field Usage

Medical Information

DOCTORS NAME: _____ PHONE #:() _____ - _____
INSURANCE COMPANY: _____ POLICY #: _____

Medical Approval and Release (Parental Authorization Form)

Players Name: _____ Address: _____
Phone Number: _____ Cell or Work: _____
In case of emergency, if the family physician cannot be reached, I hereby authorize my Child _____
To be treated by another Physician who is available. Allergies: _____
Name of Family Physician: _____ Phone: _____
Print Parents Name: _____ Phone: _____ Cell/Work: _____