Summerville Family YMCA
T-Ball and Baseball 2008

Age Group: **T-Ball 4-6 yrs** **Coach Pitch 7-9** **Minors 10-12**

Name: _____ **Nickname:** _____

Address: _____ **City:** _____ **Zipcode:** _____

Home Phone: _____ **E-Mail Address:** _____

Date of Birth: _____ Age **On or Before 4/1/2008:** _____

Seasons Played: _____ **Male/Female** (circle one)

Mother's Name: _____ **Work/ Cell:** _____

Father's Name: _____ **Work/ Cell:** _____

Shirt Size (circle one): **YS YM YL AS AM AL AXL**

- **SPECIAL REQUEST**: If there is a particular coach you would like your child to play for; If you have another child that you would like to have on the same team as yours, (car-pooling, siblings, etc…); If there is a specific day of the week that you cannot practice, please list those requests below. *Every effort will be made to accommodate these requests, but please understand that **WE MAY NOT BE ABLE TO HONOR ALL REQUESTS!***

  _____

- **MEDICAL:** Please list any medical concerns such as allergies, handicaps, etc. that we should be made aware of:

  _____

  The YMCA does not offer an insurance plan for youth baseball. Parents are encouraged to provide proper medical coverage for their child.

- **REFUNDS:** a $10 administration fee is deducted from program refunds, or full credit for another program. Any refunds given 10 days prior to season starting will be subject to a $10 administration fee plus 50% of fee paid. After games start there will be no refunds given.

- **MEMBERSHIP:** Memberships that are due for renewal during the course of a program must be renewed at the time of registration.

- **VOLUNTEERS:** The Summerville Family YMCA youth sports program depends heavily on the help of volunteer coaches and team parents. The rewards of working with young people far outweigh the sacrifice of time that is required. Please indicate your interest in helping. THANK YOU!

  HEAD COACH: _____ ASSISSTANT COACH: _____ TEAM PARENT: _____

- **SPONSORSHIP** (see YMCA Staff for details and forms): Company Name & Contact Person:

  _____

PARENTAL AUTHORIZATION

I, parent/guardian of the above-named candidate for a position in above-mentioned soccer program, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities. I hereby waive, release, absolve, indemnify to hold harmless the parent or local league organization, the organizers, supervisors, participants and persons transporting this participant to/from activities, for any claim arising out of an injury to the him/her except to the extent and in the amount covered by accidental or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities away from home, or at other times while neither parent is available to grant authorization for emergency treatment.

_____ _____

Parent/Guardian Signature Date

Fees: Non-membership $75 Youth membership $50 Family membership $35

Date paid:_____ Received by:_____ $15.00 Late Fee Applied After Registration Deadline