



# CHILI YOUTH BASEBALL 2009 REGISTRATION FORM

## FOR OFFICE USE ONLY

Amount Rec'd \_\_\_\_\_  
 Birth Certificate Verified \_\_\_\_\_  
 Pants Received \_\_\_\_\_  
**DIVISION** \_\_\_\_\_

PLEASE PRINT

## PLAYER INFORMATION

Name Last \_\_\_\_\_ First \_\_\_\_\_ Male  Female   
 Mailing Address \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Age on **5/1/09** \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

IF RETURNING, PLEASE COMPLETE LAST YEAR'S INFORMATION

Division \_\_\_\_\_ Team or Coach \_\_\_\_\_

## PARENT INTEREST

- I would like to coach my child's team
- I would like to be an assistant coach to my child's team
- I would like to sponsor my child's team
- I would like to be an advertiser
- I would like to be an umpire

Name \_\_\_\_\_

## PARENTAL CONSENT

Chili Youth Baseball does not carry any health or medical insurance. It is suggested that if you do not have this coverage, you consult with your own insurance company.

I, the parent or guardian of the above-named, hereby give my approval to his/her participation in any and all Chili Youth Baseball, Inc. league activities. I further hereby release, indemnify, and hold harmless Chili Youth Baseball, Inc., the organizers, and the supervisors, any or all of them. In case of injury to my child, I hereby waive all claims against the organizers, the sponsors or any of the supervisors approved by them. I, likewise waive, to the extent not covered by liability insurance, any claims against any person transporting my child to and from the activities.

Parent/Guardian Signature x \_\_\_\_\_

I am aware that batting helmets with face guards are available upon request. I have read, understand and will abide by the Code of Conduct that was provided to me.

Parent/Guardian Signature x \_\_\_\_\_

## BASEBALL PANTS - DISTRIBUTION

Baseball pants are included for all registered players and are available for pick up during Open Registration (Friday, January 30, 5:30 pm - 8:00 pm; Saturday, January 31, 9:00 am - 12:00 pm; and Saturday, February 28, 9:00am - 12:00 pm) at the Chili Community Center. **Pants will NOT be available for distribution after these dates.**

Parent/Guardian Initial x \_\_\_\_\_

## MEDICAL RELEASE FORM

I hereby give a member of Chili Youth Baseball, Inc. permission to seek emergency medical treatment for my child, \_\_\_\_\_ in the event I cannot be reached. **EFFECTIVE JANUARY 1, 2009 TO DECEMBER 31, 2009.**

Parent/Guardian Signature x \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_