

# CHADRON YOUTH BASEBALL REGISTRATION FORM

Leagues		Fees	Paid
T-ball	4-6 yr	\$30.00	_____

6 year olds may move up a league with board/parent approval

**Minors are machine pitch**

Minors	7-9 yr	\$50.00	_____
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9 year olds may move up a league with board/parent approval

Majors	10-12 yr	\$50.00	_____
Babe Ruth	13-15 yr	\$70.00	_____
Legion	16-18 yr	\$175.00	_____

**COPY OF BIRTH  
CERTIFICATE REQUIRED!**

**NOTE:  
ALL PLAYERS MUST REACH LISTED  
AGE ON OR BEFORE APRIL 30 OF THE  
CURRENT YEAR. EXCEPT LEGION AGE IS  
CALENDAR YEAR.**

PLAYERS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ (as of Apr 30)

ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ Years in Baseball: \_\_\_\_ Preferred Position: \_\_\_\_\_

THE ABOVE PLAYER HAS MY PERMISSION TO PARTICIPATE IN THE CYBO PROGRAM.

\_\_\_\_\_  
(PARENTS OR GUARDIAN'S NAME) DATE \_\_\_\_\_

NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY IF PARENT OR GUARDIAN  
CANNOT BE REACHED:

\_\_\_\_\_  
PHONE: \_\_\_\_\_

**MEDICAL PROBLEMS THAT COACHES, UMPIRES AND SPONSORS SHOULD BE AWARE OF:**

**ALL PARENTS WILL BE REQUIRED TO VOLUNTEER IN SOME FORM. PLEASE MARK WHERE  
YOU WOULD BE INTERESTED IN HELPING: COACHING \_\_\_\_, FIELD WORK \_\_\_\_,  
ANNOUNCING \_\_\_\_, COLLECTING GATE FEES \_\_\_\_, OTHER \_\_\_\_.**

**ALL PLAYERS PARENTS WILL BE SCHEDULED TO WORK CONCESSIONS!**

## LIABILITY WAIVER

We, \_\_\_\_\_ the natural parents and/or guardians of  
\_\_\_\_\_, do hereby consent that the said above player may play baseball in  
the Chadron Youth Baseball League and realizing that injuries may result to the above named player.  
We do hereby consent and agree that we will not sue or have cause to sue any individuals, corporations  
or sponsoring organizations for any injuries of any kind or nature, claims or damages, arising or  
resulting to/or from the said player above while participating in any practice, scrimmage, scheduled  
games, transportation or activities relating to the youth's participation therein.

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_