

2016

**CHADRON YOUTH BASEBALL REGISTRATION FORM**

**Leagues:** Fees Paid Shirt Size

**T-Ball:** 4-6 YR \$40.00 \_\_\_\_\_

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

**Minors:** 7-9 YR \$65.00 \_\_\_\_\_

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

**Majors:** 10-12 YR \$70.00 \_\_\_\_\_

**ALL NEW BALL PLAYERS-COPY OF BIRTH CERTIFICATE REQUIRED!**

**NOTE:**  
**ALL PLAYERS MUST REACH LISTED AGE ON OR BEFORE APRIL 30.**

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

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

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

CELL PHONE: \_\_\_\_\_ Years in Baseball: \_\_\_\_\_ Positions Played: \_\_\_\_\_

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

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

(Parents or Guardian's Name)

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 WERE YOU WOULD BE INTERESTED IN HELPING - COACHING \_\_\_\_\_, FIELD WORK \_\_\_\_\_, ANNOUNCING \_\_\_\_\_.
- **ALL PLAYERS PARENTS WILL BE SCHEDULED TO WORK CONCESSIONS.**
- **PLEASE BE PREPARED TO HELP!!**

**\*Please mail forms to: CYBO, P.O. Box 1293, Chadron, NE 69337\***

**Or Drop off Forms at Westco; Gardner, Loutzenhiser, and Ryan, P.C. (formerly FALCO); or Owen Dental Care**

**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 Organization and realize 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: \_\_\_\_\_