

Adrian Youth Baseball/Softball Association Player Registration Form



Division Name, Fee, Age Classifications & Age Date Requirements

- ___ T-Ball (co-ed), Boys & Girls Age 5-6 as of 4/30/12, \$50/\$40 City Resident, Registration Deadline 4/18
- ___ Girls Machine Pitch Softball, Age 7-8 as of 1/1/12, \$50/\$40 City Resident, Registration Deadline 3/24
- ___ Boys Machine Pitch Baseball, Age 7-8 as of 4/30/12, \$50/\$40 City Resident, Registration Deadline 4/18
- ___ Girls Minor Softball, Age 9-10 as of 1/1/12, \$65/\$55 City Resident, *Evaluations March 17 or 24*, Registration Deadline 3/24
- ___ Boys Minor Baseball, Age 9-10 as of 4/30/12, \$65/\$55 City Resident, *Evaluations March 17 or 24*, Registration Deadline 3/24
- ___ Girls Major Softball, Age 11-12 as of 1/1/12, \$65/\$55 City Resident, *Evaluations March 17 or 24*, Registration Deadline 3/24
- ___ Boys Major Baseball, Age 11-12 as of 4/30/12, \$65/\$55 City Resident, *Evaluations March 17 or 24*, Registration Deadline 3/24
- ___ Girls Junior Softball, Age 13-14 as of 1/1/12, \$65/\$55 City Resident, Registration Deadline 4/18
- ___ Boys Junior Baseball, Age 13-15 as of 4/30/12, \$80/\$70 City Resident, *Evaluations April 18*, Registration Deadline 4/18

Missed your registration deadline?

Registrations submitted AFTER your league's deadline will be assessed a \$10 late fee.
Registrations can be taken at evaluations.

Registration Payment Amount: \$ _____	Paid by (please circle): Cash Check Credit Card
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A \$10 discount will be applied when registering 2 children from the same family OR \$15 discount if registering *more than 2* children (\$15 max discount)
A fee of \$25.00 will be assessed on all returned checks

If registering by mail, please make your check payable to City of Adrian and mail to: Adrian Parks and Recreation, 135 E. Maumee St., Adrian, MI. 49221
This season we are accepting Credit Cards! (MasterCard, Discover and American Express, sorry no Visa)

UNIFORM SIZES	Shirts: YS YM YL AS AM AL AXL	Playing Age _____ <i>League Use only</i>
	Pants: YS YM YL AS AM AL AXL (Does not apply to t-ball or machine pitch players)	

Player's Name _____ Male ___ Female ___ Birth Date ____ / ____ / ____

Player's Address _____ City _____ Zip _____ Player's Home Phone _____

School _____ **Ages 5 thru 8 yrs** may request one teammate preference _____
Note: This preference is not guaranteed, requests must be mutual.

Primary Guardian _____ Evening Phone # _____ Day Phone # _____

Secondary Guardian _____ Evening Phone # _____ Day Phone # _____

Primary Email address: _____

We will be posting weather cancellations on Facebook, search Adrian Parks & Recreation

Participation in youth baseball or softball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current conditions that limit his/her ability to participate in this activity? Yes ___ No ___
If yes, please explain any modifications that would enable your child to participate: _____

Please provide any information about allergies or medical conditions that the team should be aware of in case of emergency: _____

1. I/we, the parents of the above named participant for a position on a youth baseball/softball team, hereby give my/our approval to participate in any and all youth baseball/softball activities, including travel to and from the activities.
2. I/we, know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Adrian, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.
3. I/we agree to return upon request any equipment issued to my/our child in as good a condition as when received except for normal wear and tear.
4. I/we will furnish a **County** certified birth certificate (not hospital copy) of the above named participant to League Officials, upon request.

Parent or Guardian Signature: _____ Health Insurance Carrier: _____

AYBSA needs 100 volunteers before the season can successfully operate! Please start our season off strong by volunteering!

Volunteer Opportunities : Coach _____ Asst Coach _____ Team Parent _____

Name of volunteer: _____ Volunteer Phone #: _____

*Coaches are required to fill out an application with additional information so that a background check can be conducted.
Volunteer forms can be accessed online @ www.ci.adrian.mi.us.*