



YOUTH BASEBALL
Monroe County YMCA ~ Spring 2010

Last Name _____ First Name _____ School _____
 Address _____ City, Zip _____ Grade _____
 Parent Name _____ Home Phone _____ DOB _____

Players Requests (Players on field will depend on number of players signed up. No more than 14 may be on a roster)

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____

Effective Immediately!!!
 All sports will now have late fees assessed for registrations after the deadline. Any registration received after May 10, 2009 will be assessed a \$20 late fee and no registrations will be accepted after May 24, 2010. No exceptions will be made.

Fees

- \$38/YMCA member
- \$72/Non-member
- \$42 Member Player Pitch
- \$74 Non member Player Pitch

Divisions

- T-Ball(Pre-K & K)
- Coach Pitch I (1st & 2nd Graders)
- Player Pitch (3rd & 4th Graders)

Please use Players Request for desired teammates. The maximum number on a team is 14 players. In order for guaranteed placement, the **desired teammates** listed **must include your child's name** on his or her registration form when his/her registration form is turned in.

***This is a tentative schedule. The age divisions may change depending on the number of teams enrolled, some age groups may be combined.**

T-Shirt Size (CHECK ONE)

- | | |
|---------------------------|---------------------|
| Youth Small(6-8)_____ | Adult Small _____ |
| Youth Medium (10-12)_____ | Adult Medium _____ |
| Youth Large(14-16)_____ | Adult Large _____ |
| | Adult X-Large _____ |

Shirts have a tendency to run small. You may want to order one size larger.

REQUESTED COACH (not guaranteed)

Waiver: (Your registration form will not be processed until the waiver has been signed.)

I understand and acknowledge the potentially dangerous effects of strenuous physical activity. I further understand and acknowledge that the YMCA recommends that I have a physical examination and consult with my physician before beginning a strenuous exercise/activity program. I acknowledge that I have either had a physical examination and received my physician's permission to participate or that I have decided to participate in this activity without the approval of my physician.

I acknowledge and understand that I am voluntarily participating in this YMCA program and that my participation is not required by anyone. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury including death, and for any property damage that may be sustained by me as a result of participation in this activity. I further agree to indemnify and hold harmless the YMCA of Southwest Illinois, its employees, and agents from any loss, liability, damage, or cost including court costs and attorney's fees that may occur due to my participation in this activity.

Signature of Parent/Guardian (for participants under 18 years old)

Date

If you are interested in coaching, please complete the information below and our sports staff can contact you. **All coaches MUST complete a form for a criminal background check before they can coach a team.** Thank you for your patience.

Coach's Name: _____ **Child's Name (If applicable):** _____
Day Phone: _____ **Evening Phone:** _____ **Grade Level:** _____

Staff Only:

Date: _____ Amount Pd _____ Receipt # _____ Initials _____