



# Elizabethton/Carter County Youth Baseball-Softball Association

## 2018 T-Ball and Youth Registration

For Office Use Only:	
Draft _____	Non-Draft _____
Playing Age _____	
League _____	
Pymt Type:   Cash   CC	
Amount Paid: _____	
Staff Initials _____	

Child's Name _____	Date of Birth ____/____/____ Age on May 1, 2018 _____
Address _____	City _____ Zip _____
Child's Shirt Size (circle) <b>Youth</b> XS - S - M - L - XL <b>Adult</b> XS - S - M - L - XL - XXL   Please circle:   Male   Female	

**Parent/Guardian # 1**

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Volunteer? Yes / No

**Parent/Guardian # 2**

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Volunteer? Yes / No

**Medical Information**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Player \_\_\_\_\_

Child's Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Please List Serious Health Issues \_\_\_\_\_

<b><u>League</u></b>	<b><u>Prior Sports Experience</u></b>
<p>Five-year olds may choose between t-ball and coach-pitch baseball/softball, with coach-pitch preferred.</p> <p>_____ 4 – 5   Coed T-ball</p> <p>_____ 5 – 6   Coach Pitch Baseball</p> <p>_____ 5 – 6   Coach Pitch Softball</p>	<p>Has your child played organized sports before? Yes / No</p> <p>What Sport(s)? _____ How many seasons each? _____</p> <p>Baseball/Softball League? _____ What team? _____</p> <p>Last season's coach _____ Request to re-enter draft? _____</p>

**Waiver and Agreement**

I hereby agree to play with the Elizabethton/Carter County Youth Baseball-Softball Association and promise to carefully abide by rules and regulations. In consideration for the ECCYBSA and the City of Elizabethton providing recreational activities, I hereby release the ECCYBSA, City of Elizabethton, and their agents and employees from any and all liability, claims or demands which in any way arise out of my child's participation in these activities.

This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further state that I have carefully read the foregoing release and know its contents, and I sign my name as my own free act.

\_\_\_\_\_  
(Please PRINT parent / guardian name)      (Participant's parent / guardian signature)      Date \_\_\_\_\_

**VOLUNTEER COACHES** are needed. If interested, please sign below:      BG Check \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

All volunteer coaches will be asked to sign a consent form in order for a mandatory annual background check to be conducted!