

Elizabethton/Carter County Youth Baseball-Softball Association

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

2019 Baseball Registration

Child's Name _____ Date of Birth ____/____/____ Age on May 1, 2019 ____

Address: _____ City _____ Zip _____

Child's Youth Shirt Size (circle): **Youth:** Small - Medium - Large **Adult:** Small - Medium - Large - XL - XXL

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 _____

Baseball League

Prior Baseball Experience

_____ 7 – 8 Machine Pitch _____ 9 – 10 Minor League _____ 11 – 12 Major League	Has your child played baseball before? Yes / No What League? _____ What team? _____ Last season's coach _____ Request to re-enter draft? Yes / No
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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!