

Elizabethton/Carter County Youth Baseball-Softball Association

2019 T-Ball and Youth Registration

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

Child's Name _____	Date of Birth ____/____/____ Age on May 1, 2019 _____
Address _____	City _____ Zip _____
Child's Shirt Size (circle): Youth: Small - Medium - Large	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 _____

League

Five-year olds may choose between t-ball and coach-pitch baseball/softball, with coach-pitch preferred.

- _____ 4 – 5 Coed T-ball
- _____ 5 – 6 Coach Pitch Baseball
- _____ 5 – 6 Coach Pitch Softball

Prior Sports Experience

Has your child played organized sports before? Yes / No

What Sport(s)? _____ How many seasons each? _____

Baseball/Softball League? _____ What team? _____

Last season's coach _____ Request to re-enter draft? _____

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:

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!