

P.Y.B.S.A. SOFTBALL REGISTRATION FORM

Coach pitch 6-7 Yrs old \$40.00	Minors 8-9 Yrs old \$40.00	Middlers 5-6 Grade \$45.00	Majors 7-8 Grade \$75.00	Pony 9-10 Grade \$75.00
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Fundraiser or Buy-out
\$40.00
Per Child

(Circle one)

Must sell all of Fundraiser cannot return

If played last year name of team _____

If opportunity exists to travel would you be willing and able to transport your child? Yes / No

Name: _____ Phone: _____

Address: _____

Date of Birth _____ Age as of January 1st _____ Do you have a brother or sister playing? Yes/ No

Played in previous season for PYBSA: yes / no

Siblings Playing

Name: _____
Name: _____
Name: _____

HEALTH RECORD

Are there any physical or health conditions, injuries, or restrictions that should be brought to the attention of the manager? _____

Parents Name (s): _____

Home: _____ Work: _____ Cell: _____

Other Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Phone: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me at the listed phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two or more licensed physicians or dentists, in the necessity of such treatment, are obtained prior to the performance of such surgery.

Date _____ Signature Parent/ Guardian X _____

REFUSAL TO CONSENT

I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. In the event of illness or injury requiring emergency treatment, I wish the persons in charge take such action as:

Date _____ Signature Parent/ Guardian X _____

DISCLAIMER

TO WHOM IT MAY CONCERN: I know of no reason(s), other than the information on this form, why my child should not participate in prescribed activities except as noted. I hereby waive all claims for injury, accident or liability of any kind against the Piqua Youth Baseball and Softball Association and city of Piqua Ohio, any or all managers, coaches, officers or members of the organization, and hereby agree to abide by the Constitution, By-laws, Rules and Regulations of the organization. I also waive all claims for injury, accident, or liability of any kind against the manager and sponsor of the team of which my child is a member.

Date _____ Signature Parent/ Guardian X _____

Shin Size _____ YXS YS YM YL AS AM AL AXL AXXL

Shoe Size _____ YXS YS YM YL AS AM AL AXL AXXL

Stock Size _____ SM MED LG

Uniform Disclaimer: PYBSA will not be held responsible for uniforms that do not fit. Please make sure when sizing your athlete that you take into consideration growth for the season once the uniforms are ordered there is no extras available. You will be responsible for replacing the uniform if it does not fit. PYBSA will make NO exceptions to this rule.

Association Membership Fee: \$2.00 Yes/No

Name to appear on Card: **X** _____ Date _____

**Official Use

**Amt. Due \$ _____ **Amt. Paid \$ _____ Cash/ Check No. _____

Sample
You will be required to
complete this form during signups.

PIQUA YOUTH BASEBALL AND SOFTBALL ASSOCIATION

Standard Code of Ethics and Conduct

I will remember the purpose of this organization - to implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage and respect for authority. The league will provide a safe, family-friendly environment in which to teach baseball and softball fundamentals to youth in the community.

I will follow all league and association rules as they are written.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials and board members at all PYBSA functions.

I will place the emotional and physical well-being of the players ahead of any desire to win.

I will lead by example in demonstrating fair play and sportsmanship to all of the players.

I will remember that each child is an individual, recognizing that there is often a large spread between each child's emotional and physical development.

I will do my best to provide a safe playing situation for all players, coaches and fans.

I will provide support for coaches and officials working with the children to provide a positive experience for all.

I understand that there is to be no use of profanity, drugs, alcohol and tobacco products during the games or practices by the coaches, officials, players or fans unless in designated areas.

I recognize that I represent the PYBSA organization and will therefore abstain from behavior that would be detrimental to the organization. I understand that if I violate the code of ethics and conduct that I may be brought before the PYBSA Board or addressed by the Official of the Day or the umpire. If found in violation of the Code, I may be ejected from a game, from the park, suspended or relieved of my duties, or face additional penalties.

Printed Name

Telephone number

X _____
Signature

Date

Sample
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