

# CAPAC YOUTH BASEBALL LEAGUE

PO Box 557 - Capac - MI - 48014

## Registration Form 2018

First Name: _____ Last Name: _____ Address: _____ Date of Birth: _____ Apt/PO: _____ City: _____ State: _____ Postal Code: _____ School: _____ Home Phone: _____ Best Phone: _____ Email Address: _____		Age Cut Off Dates Girls January 1st      Boys May 1st Age on Cut Off Date: _____ Grade on Cut Off Date: _____ Shirt Size:																					
Parent 1 First Name: _____ Last Name: _____ Best Phone: _____ Email Address: _____ Parent 2 First Name: _____ Last Name: _____ Best Phone: _____ Email Address: _____		<input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Youth X-Large <input type="checkbox"/> Adult 2X-Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Other _____																					
<b>LEAGUE USE ONLY</b>	<b>DIVISIONS: Please Check the Appropriate Division</b>																						
Date Paid: _____ <input type="checkbox"/> Cash <input checked="" type="checkbox"/> # _____ Reg\$: _____ Late: _____ Total Paid: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Baseball</th> <th style="width:33%;"></th> <th style="width:33%;">Softball</th> </tr> <tr> <td><input type="checkbox"/> 6U T-Ball      \$50.00</td> <td></td> <td><input type="checkbox"/> 8U Coach Pitch      \$55.00</td> </tr> <tr> <td><input type="checkbox"/> 8U Coach Pitch      \$55.00</td> <td></td> <td><input type="checkbox"/> 10U Minors      \$55.00</td> </tr> <tr> <td><input type="checkbox"/> 10U Minors      \$55.00</td> <td></td> <td><input type="checkbox"/> 12U Majors      \$70.00</td> </tr> <tr> <td><input type="checkbox"/> 12U Majors      \$70.00</td> <td></td> <td><input type="checkbox"/> 15U Juniors      \$75.00</td> </tr> <tr> <td><input type="checkbox"/> 14U Babe Ruth      \$75.00</td> <td></td> <td style="text-align: center;"><b>NO REFUNDS AFTER APRIL 1st</b></td> </tr> <tr> <td><input type="checkbox"/> 17U Babe Ruth      \$75.00</td> <td></td> <td></td> </tr> </table>		Baseball		Softball	<input type="checkbox"/> 6U T-Ball      \$50.00		<input type="checkbox"/> 8U Coach Pitch      \$55.00	<input type="checkbox"/> 8U Coach Pitch      \$55.00		<input type="checkbox"/> 10U Minors      \$55.00	<input type="checkbox"/> 10U Minors      \$55.00		<input type="checkbox"/> 12U Majors      \$70.00	<input type="checkbox"/> 12U Majors      \$70.00		<input type="checkbox"/> 15U Juniors      \$75.00	<input type="checkbox"/> 14U Babe Ruth      \$75.00		<b>NO REFUNDS AFTER APRIL 1st</b>	<input type="checkbox"/> 17U Babe Ruth      \$75.00		
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<b>MEDICAL HISTORY: Medications, Allergies and Special Conditions.</b>		<b>Emergency Contact Information</b>																					
		Name: _____ Phone: _____																					
<b>Please List Any Activities Your Child Will Be Involved In During The Season</b>	<b>Any Special Notes</b>	<b>Fee Worksheet</b>																					
1. _____ 2. _____ 3. _____ 4. _____	_____ _____ _____ _____	1. Division Fee (+)      \$ _____ _____ 2. Late Fee (+)      \$ _____ _____ <b>Total Payment Included</b> \$ _____																					
Capac Youth Baseball League will provide a team shirt and cap. All Players 12 and under will need to provide their own pants and shoes, as well as gloves. Boys must provide and wear a protective cup at all times. No jewelry will be allowed.	Please visit our web information at <a href="http://www.capacbaseball.org">www.capacbaseball.org</a> for League news and updates. We will be updating our link as much as possible throughout the year, so please check back often. Send questions by email to <a href="mailto:maryriley1@aol.com">maryriley1@aol.com</a>	All children will play on a team in this "Everyone Plays" program. There will be NO special requests accepted for ages 9 & up, unless the players parent is the coach and wishes their child to be on their team.																					
<b>MEDICAL AUTHORIZATION / PERMISSION TO PLAY</b>																							
<b>GRANT OF CONSENT</b>																							
In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a Physician, Dentist or Emergency Worker, and the transfer of the child to the closest most appropriate hospital or medical facility. <b>NOTE: This authorization does not cover major surgery unless the medical options of two other licensed Physicians or Dentists, concurring in necessity for such surgery, are obtained BEFORE the surgery IS PERFORMED.</b>																							
Participants Name: _____ <span style="margin-left: 150px;"><i>Please Print Name</i></span>		Parent/Guardian: _____ <span style="margin-left: 150px;"><i>Please Print Name</i></span>																					
Date: _____		Parent/Guardian: _____ <span style="margin-left: 150px;"><i>Signature</i></span>																					

*Mail This Form, With Payment, To CYBL,  
PO Box 557, Capac, MI 48014. There  
Will Be A \$10.00 Late Fee If Received  
After March 31st.*