CAPAC YOUTH BASEBALL LEAGUE

PO Box 557 - Capac - MI - 48014

Registration Form 2017

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

Apt/PO: _____ City: _____

State: _____ Postal Code: _____ School: _____

Home Phone: _____ Best Phone: _____

Email Address: _____

Parent 1 First Name: _____ Last Name: _____

Best Phone: _____ Email Address: _____

Parent 2 First Name: _____ Last Name: _____

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:

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Youth X-Large
- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult X-Large
- ☐ Adult 2X-Large
- ☐ Other _____

LEAGUE USE ONLY

Date Paid: _____

☐ Cash ☐ ✓# _____

Reg$: _____ Late: _____

Total Paid: _____

DIVISIONS: Please Check the Appropriate Division

Baseball		Softball	
☐ 6U T-Ball	$45.00	☐ 8U Coach Pitch	$50.00
☐ 8U Coach Pitch	$50.00	☐ 10U Minors	$50.00
☐ 10U Minors	$50.00	☐ 12U Majors	$65.00
☐ 12U Majors	$65.00	☐ 14U Juniors	$75.00
☐ 14U Babe Ruth	$75.00	NO REFUNDS AFTER APRIL 1st	
☐ 17U Babe Ruth	$75.00		

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.

MEDICAL HISTORY: Medications, Allergies and Special Conditions.

Emergency Contact Information

Name: _____

Phone: _____

Please List Any Activities Your Child Will Be Involved In During The Season

1. _____
2. _____
3. _____
4. _____

Any Special Notes

CYBL Refund policy…100% refund of registration fees if before April 1st.

After April 1st no refund

Fee Worksheet

1. Division Fee (+) $ _____

2 Late Fee (+) $ _____

Total Payment Included $ _____

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 www.capacbaseball.org 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 maryrilley1@aol.com

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.

MEDICAL AUTHORIZATION / PERMISSION TO PLAY

GRANT OF CONSENT

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.

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.

Participants Name: _____
Please Print Name

Parent/Guardian: _____
Please Print Name

Date: _____

Parent/Guardian: _____
Signature