

CAPAC YOUTH BASEBALL LEAGUE

PO Box 557 - Capac - MI - 48014

Registration Form 2024

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 April 30 Age on Cut Off Date: _____ Grade on Cut Off Date: _____ Shirt Size: <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 _____									
Parent 1 First Name: _____ Last Name: _____ Best Phone: _____ Email Address: _____ Parent 2 First Name: _____ Last Name: _____ Best Phone: _____ Email Address: _____		<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 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. </div>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;">LEAGUE USE ONLY</th> <th colspan="2" style="text-align: center;">DIVISIONS: Please Check the Appropriate Division</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> Date Paid: _____ <input type="checkbox"/> Cash <input checked="" type="checkbox"/> # _____ Reg\$: _____ Late: _____ Total Paid: _____ </td> <td style="padding: 5px; vertical-align: top;"> Baseball <input type="checkbox"/> 5U T-Ball \$25.00 <input type="checkbox"/> 8U Coach Pitch \$30.00 <input type="checkbox"/> 10U Minors \$35.00 <input type="checkbox"/> 12U Majors \$45.00 <input type="checkbox"/> 15U Babe Ruth \$50.00 <input type="checkbox"/> 6u Boys& Girls \$30.00 <input type="checkbox"/> 13u Majors \$45.00 </td> <td style="padding: 5px; vertical-align: top;"> Softball <input type="checkbox"/> 8U Coach Pitch \$30.00 <input type="checkbox"/> 10U Minors \$35.00 <input type="checkbox"/> 12U Majors \$45.00 <input type="checkbox"/> 15U Juniors \$50.00 <div style="text-align: center; border: 1px solid black; padding: 2px;"> NO REFUNDS AFTER APRIL 1st </div> </td> </tr> </tbody> </table>			LEAGUE USE ONLY	DIVISIONS: Please Check the Appropriate Division		Date Paid: _____ <input type="checkbox"/> Cash <input checked="" type="checkbox"/> # _____ Reg\$: _____ Late: _____ Total Paid: _____	Baseball <input type="checkbox"/> 5U T-Ball \$25.00 <input type="checkbox"/> 8U Coach Pitch \$30.00 <input type="checkbox"/> 10U Minors \$35.00 <input type="checkbox"/> 12U Majors \$45.00 <input type="checkbox"/> 15U Babe Ruth \$50.00 <input type="checkbox"/> 6u Boys& Girls \$30.00 <input type="checkbox"/> 13u Majors \$45.00	Softball <input type="checkbox"/> 8U Coach Pitch \$30.00 <input type="checkbox"/> 10U Minors \$35.00 <input type="checkbox"/> 12U Majors \$45.00 <input type="checkbox"/> 15U Juniors \$50.00 <div style="text-align: center; border: 1px solid black; padding: 2px;"> NO REFUNDS AFTER APRIL 1st </div>			
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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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Fee Worksheet</th> </tr> </thead> <tbody> <tr> <td style="width: 60%;">1. Division Fee (+)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. Late Fee (+)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Payment Included</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Fee Worksheet		1. Division Fee (+)	\$ _____	2. Late Fee (+)	\$ _____	Total Payment Included	\$ _____
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Capac Youth Baseball League will provide a team shirt and cap. All Players 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: _____									