

Yankton Sertoma Baseball Registration

Player name: _____ Birthdate: _____ Age on 4/30/13: _____
Address: _____ City: _____ Zip: _____

Parent/Guardian

Name _____ #1 Phone: _____
Email: _____ #2 Phone: _____
Name _____ #1 Phone: _____
Email: _____ #2 Phone: _____

Siblings Playing Rec. Baseball Y N Name: _____ Division: _____
Emrg contact: _____ Phone: _____ Rel. to plyr _____

Volunteer:

Willing to: ☐ Coach ☐ Umpire ☐ Assistant Coach ☐ Field Care ☐ Dug Out Helper ☐ Tourney Help

Medical Information

Ins. Carrier: _____ Phone: _____
Group #: _____ Member #: _____
Address: _____ City/ST: _____ Zip: _____
Family Physician: _____ Phone #: _____

Medical and Liability Waivers

1. I hereby give my permission for any and all medical attention necessary to be administered to my child _____ in the event of an accident, injury, sickness, etc. under the direction of his coach or family physician, until such time as I may be contacted. This release is effective for a period of one year from the date it is signed. I also hereby assume responsibility for payment of any such treatment.

2. I, the parent/guardian of the registrant minor, agree that I and the registrant will abide by the rules of the Yankton Youth Baseball Leagues, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball and in consideration for the Yankton Youth Baseball Leagues accepting the registration for the baseball programs and activities, the sponsors their employees and associated personnel, including owners of fields and facilities utilized for the programs, against any claim by, of or on behalf of the registrant as a result of the registrants' participation in the programs or/or being transported to or from the same, which transportation I authorize. I have carefully read this agreement and have understood all the language and terms thereof. I agree to be bound by all terms of this agreement as well as Yankton Sertoma Baseball leagues policies and procedures.

Signature: _____ Date: _____

Parent/Guardian

Make Checks Payable to YSB Mail to YSB at P.O. Box 684 Yankton SD 57078

Age 5-6 = \$30 Age 7-8 = \$35 Age 9-10 = \$35 Age 11 - 12 = \$55 Age 13-15 = \$55

Registration Deadline is April 6, 2013