

WEST HOLMES YOUTH BASEBALL

PLAYER REGISTRATION FORM

WHYB Use Only	
League _____	
# Children _____	Amt Paid \$ _____
Received By _____	

PLAYER NAME	
ADDRESS	
CITY,STATE,ZIP	
EMAIL	

GRADE	
BIRTHDAY	
GENDER	

PARENT #1		PARENT #2	
NAME		NAME	
HOME PHONE		HOME PHONE	
CELL/TEXT PHONE		CELL/TEXT PHONE	

WOULD YOU LIKE TO:	MANAGE/COACH A TEAM?	YES / NO	
	BE AN ASSISTANT COACH?	YES / NO	
	SPONSOR A TEAM?	YES / NO	TEAM SPONSORS ARE \$100
	SPONSOR A FIELD (BANNER)?	YES / NO	FIELD SPONSORS ARE \$100
	IF YES, SPONSOR NAME:		

IF YOU ARE PICKED TO COACH YOU WILL NEED TO FILL OUT BACKGROUND CHECK FORM.

MEDICAL INFORMATION			
EMERGENCY CONTACT #1		PHONE	
RELATIONSHIP TO PLAYER			
EMERGENCY CONTACT #2		PHONE	
RELATIONSHIP TO PLAYER			

1. I/We the parents/guardians of the above named player for a West Holmes Youth Baseball (W.H.Y.B.) team, hereby give my/our approval to participate in any and all W.H.Y.B. league activities, including transportation to and from all activities.
2. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries and do hereby waive,absolve,indemnify, and agree to hold harmless W.H.Y.B., the organizers, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We will furnish a certified birth certificate of the above named player to W.H.Y.B. officials.

Parent/Guardian Signature _____	Date _____
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