

Medina Valley Youth Baseball Association, Inc. 2017 Player Registration

Division:	
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Players Last Name:	First Name:	M. Int:	Male/Female:	Age:	DOB:

Player Shirt Size:	Cell Phone:	Alternate Phone:	School:

Physical Address/P.O. Box:	City:	State:	Zip Code:

1st Parent/Guardian Name	Cell Phone:	Alternate Phone:	E-mail:

2nd Parent/Guardian Name	Cell Phone:	Alternate Phone:	E-mail:

Additional Information: (Medication, Allergies, Special Needs)

Volunteering as a coach does not guarantee that you will be coaching a team. Final coaching assignments will be determined by the League Board of Directors based on the number of teams and the number of volunteers.

Volunteer's Full Name:		Shirt Size:	
Email:		Contact #:	

MVYBA, Inc. Disclosure Statement: Please read and acknowledge by signing below.

This is to certify that I, parent or guardian of _____, a player with Medina Valley Youth Baseball Association, Inc., hereby grants permission to the adult manager, coach, and League Board of Directors to obtain medical care from any licensed physician, hospital or medical clinic, for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period to travel to and from other activities, and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local PONY Baseball, Inc., organization; Medina Valley Youth Baseball Association, Inc., organization, the organizers, coaches, supervisors, participants, and persons transporting my child to and from those activities for any claim arising out of an injury to my child. My child agrees to play on any team he/she is assigned to for the season. I agree to participate in any fund raiser and follow the organizations rules. I further authorize the Medina Valley Youth Baseball Association, Inc., to place my child's picture, but no personal information on my child on the Medina Valley Youth Baseball Association, Inc., website and hold the league, its officers and directors harmless of any and all liability by my child being placed on said website.

SIGNATURE: <input type="checkbox"/>	RELATIONSHIP:	DATE:

Office Use Only:

Birth Certificate: Y / N	Payment Method:	AMT:	