

PLAYER INFORMATION			
PLAYER NAME <i>(PLEASE PRINT)</i>			<input type="checkbox"/> NEW <input type="checkbox"/> RETURNING
AGE AS OF MAY 1ST	DATE OF BIRTH	/ /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS/CITY/ZIP			
SHIRT SIZE	<input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		
PREVIOUSLY PLAYED YEARS/ DIVISIONS	<input type="checkbox"/> T-BALL [YR(S) _____] <input type="checkbox"/> ROOKIE [YR(S) _____] <input type="checkbox"/> MINOR [YR(S) _____] <input type="checkbox"/> MAJOR [YR(S) _____] <input type="checkbox"/> BR 13-15 [YR(S) _____]		

PARENT/GUARDIAN INFORMATION			
NAME <i>(PLEASE PRINT)</i>			RELATIONSHIP
ADDRESS/CITY/ZIP			<input type="checkbox"/> WILL MANAGE <input type="checkbox"/> WILL COACH <input type="checkbox"/> WILL TEAM PARENT
EMAIL			
HOME PHONE	CELL PHONE	PREFERRED: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	
SECOND PARENT/ GUARDIAN INFORMATION			

LEAGUE USE ONLY			
PLACED DIVISION	<input type="checkbox"/> T-BALL <input type="checkbox"/> ROOKIE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> BABE RUTH 13-15 <input type="checkbox"/> BABE RUTH 16-17		
<input type="checkbox"/> MEDICAL WAIVER <input type="checkbox"/> CODE OF CONDUCT <input type="checkbox"/> BIRTH CERTIFICATE VERIFIED <input type="checkbox"/> OTHER _____			
FEES - Early Sign Up Fee \$150 / Regular Sign Up Fee \$170 Starting March 3rd (\$50 additional players)		CASH/CHECK	
		<i>Early</i>	<i>Regular</i>
1 Player: \$150 Early Sign Up Fee / \$170 Regular Fee		\$150	\$170
2 Players: \$200 Early Sign Up Fee / \$220 Regular Fee		\$200	\$220
3 Players: \$250 Early Sign Up Fee / \$270 Regular Fee		\$250	\$270
4+ Players: \$300 Family Max		\$300	\$300
		CREDIT CARD	
		<i>Early</i>	<i>Regular</i>
		\$155	\$175
		\$207	\$227
		\$259	\$279
		\$310	\$310
TOTAL AMOUNT DUE (FOR _____ PLAYERS) \$			
AMOUNT PAID	PAID IN FULL: <input type="checkbox"/> CASH/CHK <input type="checkbox"/> CC <input type="checkbox"/> PARTIAL PAID (\$_____)		
BALANCE DUE \$ <i>(DUE BEFORE OPENING DAY)</i>		RECEIVED BY (GYB REP):	

PARENT/GUARDIAN SIGNATURE _____ DATE _____

By signing this form and registering my child/player, I give my permission for my child to participate in the Griffith Youth League Baseball 2019 season and have certified that he/she has adequate coverage in the event of an injury during participation in this league. I will not hold Griffith Youth Baseball League, any of its Officers, Board Members, Coaches, or Volunteers liable in the event that my child is injured while participating in league activities. I agree to Griffith Youth Baseball League's terms and agree to make my full registration fee payment before practices begin. I understand that my child/player may not be eligible for the All Stars team and I may be subject to collections if my fees have not been paid by this date.