

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	
EMAIL *REQUIRED* <i>(PLEASE PRINT)</i>			<input type="checkbox"/> WILL COACH	
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"/> MEDICAL WAIVER <input type="checkbox"/> CODE OF CONDUCT <input type="checkbox"/> BIRTH CERTIFICATE VERIFIED <input type="checkbox"/> OTHER _____					

FEES - T-Ball \$100 / Rookie - Babe Ruth \$165 <i>(\$75 second player, \$60 third player / \$300 family max)</i>	CASH/CHECK		CREDIT CARD	
	<i>T-Ball Only</i>	<i>Rookie-BR</i>	<i>T-Ball Only</i>	<i>Rookie-BR</i>
1 Player: \$100 T-Ball / \$165 Rookie, Minor, Major, Babe Ruth	\$100	\$165	\$105	\$170
2 Players: \$175 T-Ball / \$240 Rookie, Minor, Major, Babe Ruth	\$175	\$240	\$180	\$245
3 Players: \$235 T-Ball / \$300 Family Max	\$235	\$300	\$245	\$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 2020 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.