

Chandler Youth Baseball Spring 2012 Registration Form

Player's Name: _____ School: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Alternate phone no(s): _____

Parent Names: _____

Email Address: _____

Previously played in CYB? Yes: ___ No: ___ If not, please provide Birth Date: ___/___/___

(Players new to CYB must provide birth

certificate)

Circle Division...	Shetland	Pinto	Mustang	Bronco	Pony	Colt
(age as of 5/1/12):	(4 - 6)	(7 & 8)	(9 & 10)	(11 & 12)	(13 & 14)	(15 - 18)
	\$70	\$70	\$140	\$140	\$140	\$140

(Registration fee includes a **free helmet** - if not needed, **subtract \$10**)
(\$10 late fee after 1/31 for ages 4-14)

Contact me about being a.... Coach: ___ Assistant Coach: ___ Sponsor: ___ Other: _____

Requested coach or other requests: _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the player indicated above. This care may be given under whatever circumstances are necessary to preserve the life, limb or well being of the player. I understand that this registration does not include hospitalization insurance. I also understand that refunds will not be available.

I further agree to abide by the CYB Parent's Code of Ethics Pledge and the CYB Policy For Misconduct (see www.cybb.org).

Parent/Guardian Signature: _____ Date: ___/___/___

CYBB
PO Box 6833
Chandler, AZ 85246

Official Use

Helmet: PU - NH - Need Amt Pd: _____ Ck Amt: _____ Method Paid: _____ Entered: _____
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